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ABSTRACT

This document comprises an analysis of the needs of immigrants of African descent to New York State in the following areas: (1) economic planning; (2) culture and the arts; (3) immigration reform and amnesty; and (4) health care. Immigrants from the Caribbean and Africa comprise rapidly growing segments of the State's population. These immigrants differ from native Black American migrants with respect to culture and national identification, but both groups share common problems of economic disadvantage and racial discrimination during the adjustment to their new environment. In general, the health, education, and social service proposals outlined in the recommendations should be funded out of a 20 percent set-aside from the \$100 million in Federal funds allocated to New York State under the Immigration Reform and Control Act of 1986 (IRCA), and at least one-third of the black grant funds should be directed to communities with a concentration of Black immigrants. Statistical data are included on 1 graph and 13 tables. A 14-item bibliography of papers presented at the Caribbean Women's Health Association conference, "Delivering Health Care Services to Immigrant Communities in New York City" (Woodhull Medical and Mental Health Center, Brooklyn, NY, October 17, 1985), is included. The following materials are appended: (1) a list of 12 references; (2) a document from the Committee to Aid Ethiopian Refugees; (3) a proposal to institute new Immigrant Service Centers; and (4) a discussion of the impact of the new amnesty law on New York State. (FMW)

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REPORT OF THE SUBCOMMITTEE ON THE IMMIGRANT COMMUNITY OF AFRICAN DESCENT

THE GOVERNOR'S ADVISORY COMMITTEE FOR BLACK AFFAIRS

FEBRUARY 1988

MARIO M. CUOMO
GOVERNOR

BERNARD L. CHARLES
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UD 027 250



STATE OF NEW YORK
GOVERNOR'S ADVISORY COMMITTEE FOR BLACK AFFAIRS

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EXECUTIVE DIRECTOR

December 21, 1987

STATE CAPITOL
2ND FLOOR
ALBANY, NY 12224

TWO WORLD TRADE CENTER 57TH FL.
NEW YORK, NY 10047

Dear Governor Cuomo:

I am pleased to submit to you the Report of the Subcommittee on the Immigrant Community of African Descent of your Advisory Committee for Black Affairs: Status, Needs and Positive Change.

The Subcommittee engaged in lengthy dialogue with a representative body of immigrant leaders from Black cultural and ethnic communities in an effort to formulate a credible process for examining various issues. The results of these deliberations are presented topically in this report.

Contained herein are a series of findings and recommendations relating to Economic Master Planning, Culture and the Arts, Immigration Reform and Amnesty and Health Care with specific analysis offered on the implications for immigrants of African descent. While these proposals are broad in approach, they are not intended to be exhaustive. The Subcommittee is in the process of preparing additional analyses in the areas of housing, social services and education.

The experiences of immigrants of African descent differ in a number of ways from their European predecessors because of their racial/ethnic identification, cultural traditions, history of colonization, and ties to their home countries. The influence of immigrants of African descent in New York State, particularly in New York City, is seen in the economy through a flexible labor force, which has made capital investment in the New York area once again attractive, and has offered low wages which have contributed significantly to growth in the service sector. Perhaps most important, these immigrants have created substantial employment opportunities and helped to restore the social and economic infrastructure in many urban and suburban communities. This Report offers an economic masterplan for which the State should act as a catalyst.

Immigrants of African descent have contributed a rich culture to New York which is diverse in terms of form and ideology. This report offers several detailed proposals to enhance the understanding, promotion, documentation, preservation and sharing of Afro-centric cultural expressions.

The 1986 Immigrant Reform and Control Act (IRCA) presents both opportunities and challenges to the large number of undocumented immigrants of African descent in New York. This Report outlines the problems posed in implementing IRCA, in particular, the lack of reliance on community-based immigrant organizations in the provision of immigration-related services to their constituents. Several recommendations are made which address various aspects of IRCA in relation to the specific implications for immigrants of African descent.

The Report offers an extensive analysis of health care issues affecting immigrants of African descent which focuses on the specific health problems prevalent among these immigrants, cultural determinants of illness and health care that affect their utilization of services, health services delivery and access. Numerous recommendations are proposed relating to research, training, outreach, financial access to services, health education, manpower and funding, with an emphasis on culturally appropriate approaches.

Finally, the Report includes a position paper which outlines the particular needs of the community of Ethiopian refugees that reside in New York.

The Subcommittee on the Community of Immigrants of African Descent, co-chaired by Mr. Joseph Etienne and Dr. Waldaba Stewart, worked tirelessly to complete this Report. It is comprehensive and sets an agenda for this community which is encouraging. With your commitment Governor, we are confident that the particular needs of this community can be addressed through the many proposals that are offered.

On behalf of the Advisory Committee for Black Affairs, I offer this Report with the goal of bettering the lives and improving the productive functioning of the many Black Immigrants in New York State.

Sincerely,

Bernard L. Charles

Bernard L. Charles
Chairman



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October 22, 1987

STATE CAPITOL
2ND FLOOR
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NEW YORK, NY 10047

Dear Chairman Charles:

On June 5, 1985, Governor Mario Cuomo signed Executive Order #66 that established a Governor's Advisory Committee for Black Affairs. Point #3 of that document stipulated that the "The Committee shall establish subcommittees, which shall make recommendations concerning the special needs of various Black cultural and ethnic populations, including the Caribbean community. Such subcommittees shall periodically submit reports to the Committee for its consideration and adoption." The Governor's Advisory Committee for Black Affairs moved to execute this provision by forming the Subcommittee on the Immigrant Community of African Descent. We are pleased to submit this report as the first of the periodic reports requested by the Governor.

The Subcommittee undertook the task of determining what is unique about immigrants of African descent and developing a process of credible input that involved a body of leaders of immigrants of African descent. The input mechanism and process utilized in developing this report helped to initiate a valuable dialogue that will continue among the leaders of many immigrant organizations. This mechanism will be utilized by the Subcommittee on the Immigrant Community of African Descent in the process of developing subsequent periodic reports. The issues

and concerns presented in this report do not represent the totality of the concerns of immigrants of African descent but represent those priority issues and concerns that could be comfortably presented in one short document. It is hoped that this report will have a positive affect on government policy.

Sincerely,

Waldaba Stewart

Dr. Waldaba Stewart
Co-Chairperson
Subcommittee on the Immigrant
Community of African Descent

Joseph Etienne

Joseph Etienne
Co-Chairpersons
Subcommittee on the Immigrant
Community of African Descent



No. 66

EXECUTIVE ORDER

ESTABLISHING A GOVERNOR'S ADVISORY COMMITTEE FOR BLACK AFFAIRS

WHEREAS, members of the Black community have contributed significantly to the State and its government to the benefit of all of the people in the State; and

WHEREAS, the State must continue to be responsive to the special needs and concerns of its Black residents; and

WHEREAS, a mechanism must be established to ensure that members of the Black community have opportunities to participate in all levels of government;

NOW, THEREFORE, I, Mario M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and the Laws of the State of New York, do hereby order as follows:

I. Governor's Advisory Committee for Black Affairs

There is hereby created a committee to be known as the Governor's Advisory Committee for Black Affairs (the "Committee"). The members of the Committee shall be appointed by the Governor. A chairperson and vice chairperson shall be designated by the Governor. The members of the Committee shall receive no compensation, but shall be entitled to reimbursement for any necessary expenses incurred in connection with the performance of their duties. The Governor shall designate an executive director of the Committee who shall be responsible for its administrative functions.

II. Purpose and Responsibilities of the Committee

1. The Committee shall identify and evaluate areas of particular concern to the Black community and submit recommendations to the Governor for his review. The Committee shall place special emphasis on the following areas:

- a. development of increased opportunities for involvement of Blacks in all aspects of State government.
- b. coordination of resources to create effective educational, vocational and health training programs.
- c. evaluation of policy decisions affecting the Black community.
- d. evaluation of programs and services provided by State agencies and their impact on the Black community.
- e. development of awareness programs to assist members of the Black community in identifying and participating in programs sponsored by the State and local governments.

2. The Committee shall create a panel, whose members shall be designated subject to the approval of the Governor, to address the unique concerns of the Black family, with particular emphasis on households headed by Black women. The Commissioners of Human Rights, the Director of the Women's Division and the Executive Director of the Council on Children and Families or their designees shall provide assistance and advice to the panel.

3. The Committee shall establish subcommittees, which shall make recommendations concerning the special needs of various Black cultural and ethnic populations, including the Caribbean community. Such subcommittees shall periodically submit reports to the Committee for its consideration and adoption.

4. The Committee, in conjunction with the Governor's Executive Committee for Affirmative Action, shall review the implementation of affirmative action programs designed to increase employment opportunities for Blacks in State government.

5. The Committee shall report on a regular basis to the Governor on its activities.

6. The Committee may request and shall receive from any department, division, board, bureau, commission or agency of the State such assistance and data as will enable it to carry out its purpose and responsibilities hereunder.

G I V E N under my hand and the Privy

Seal of the State in the City of

Albany this fifth day of

June in the year one thousand

nine hundred eighty-five

L/S

BY THE GOVERNOR

/s/ Mario M. Cuomo

/s/ Michael J. Del Giudice
Secretary to the Governor

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SPECIAL ACKNOWLEDGEMENT

The Subcommittee acknowledges the special contributions of Dr. Charles Lynch who collated and edited several hundred pages of diverse material into an organized document, analyzing pertinent issues and summarizing recommendations. Dr. Lynch is a writer and scholar who has authored articles on Caribbean/African Immigrant subjects. His credentials include a Ph.D. in English Literature from New York University.

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BIOGRAPHIES

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Dr. Stewart is the Administrator of the Mid-Brooklyn Health Association. Prior to this he served as a New York State Senator from 1968-1972. Dr. Stewart has held several prominent positions including Associate Director of the Bedford-Stuyvesant Youth Association and Reading Specialist in several public schools in the Bedford-Stuyvesant Brownsville areas. Dr. Stewart serves as the New York City Chairman and the National Vice Chairman of the Community Advisory Board of Kings County Hospital and Director of the Caribbean Trade Association. He received his Masters degree in Education from Hunter College and his Ph.D in Economics from Union Graduate School in Ohio.

JOSEPH ETIENNE - CO-CHAIR

Mr. Etienne is the founder and Executive Director of the Haitian Centers Council. He administers a program of community development and refugee assistance with over seventy-five employees and a \$1 million budget. Mr. Etienne directed a Haitian refugee program in Brooklyn for several years and was instrumental in bringing the several city wide Haitian communities together in a consortium organization. Among his professional affiliations, he is a member of the Advisory Boards of Medgar Evers College and Kings County Hospital; a member of the Mayor's Immigration Action Advisory Council and the Center for Immigration Rights. Mr. Etienne came to the United States in 1970 after living and studying in Switzerland and France.

EDWARD BABB

Mr. Babb is Counsel to Parker, Chapin, Flattau and Kimpl of New York City. He is also Chairman of the Board of United Mutual Life Insurance Company. Mr. Babb is a member of the Board of the One Hundred Black Men, Inc., and a member of the regents review Committee of the State Education Department. He formerly served as a member of the New York State Financial Control Board and a Corporate Secretary to the New York City Transit Authority.

JOSEPH BARRITEAU

Mr. Barriteau is a senior council representative of D.C. 37 of the AFSCME-AFL-CIO. Prior to this he was president of Local 1509 (AFSCME). Among his many professional affiliations Joseph Barriteau was vice-chairperson of the Caribbean American Research Institute in Washington; he served on the Martin Luther King, Jr. Commission; he was Chairperson of the Caribbean Action Labor Committee and Vice President of the Caribbean Action Lobby of New York. Mr. Barriteau remains a longstanding political and labor activist. He received his F.B.S.C. and his C.S. degrees from the London School of Commerce, England.

ROY BRYCE-LAPORTE

Roy Bryce-Laporte is a specialist in the socio-historical study of newly arrived non-white immigrant groups. He is a research scholar and experienced professor having been affiliated with a number of universities and research institutes including UCLA, Catholic University, Antioch College, Howard University, the University of Panama, the Research Institute of Immigration and Ethnic Studies and the Smithsonian Institution. Dr. Bryce Laporte has published extensively on the topic of Caribbean and Latin American immigration and served as a consultant to numerous international, national and local public and private organizations. He holds a M.A. in sociology and education from the University of Nebraska, a doctorate in sociology from UCLA and is currently a candidate for a Masters in Law at Yale University.

JAY CARRINGTON CHUNN

Dr. Chunn served as president of Medgar Evers College from 1984 to October 1987. Prior to this he served as Dean of the School of Social Work at Howard University and Executive Director of Day Care and Child Development Consultants, Inc., Washington, D.C. Dr. Chunn is affiliated with several professional organizations including, One Hundred Black Men of New York City, the Brooklyn Urban League Advisory Board and the National Black United Fund, where he is a member of the Executive Committee and Board of Directors. Dr. Chunn received his Ph.D. in Human Development from the University of Maryland and his MSW from Case Western Reserve University.

HOWARD DODSON

Howard Dodson is Chief of the Schomburg Center for Research in Black Culture, a research library of the New York Public Library system. A specialist in Afro-American history as well as a noted lecturer, Mr. Dodson was a consultant in the Office of the Chairman of the National Endowment for the Humanities in Washington, D.C. Prior to that, he served as the Executive Director of the Institute of the Black World in Atlanta, Georgia for five years. Mr. Dodson has taught at several U.S. colleges and universities, including California State College and Emory University, Georgia. He is actively involved in numerous cultural, historical and educational organizations, including the Association for the Study of Afro-American Life and History and the Black Theology Project. Mr. Dodson studied at Westchester State College and Villanova University, in Pennsylvania, UCLA, and the University of California at Berkeley where he is currently a doctoral candidate in the Department of History. Recently, he was awarded an Honorary Doctorate from Widener University, Pennsylvania.

MARCO MASON

Dr. Mason is a sociologist and the President of OMNI Resources Corporation, a consulting firm that specializes in research, training and marketing development. He is the board chairman of the Caribbean Women's Health Association, member of the Board of Directors of the Caribbean Research Center of Medgar Evers College, and a member of the Mayors Ethnic Advisory Committee Task Force. In addition, Dr. Mason serves as a consultant to a number of public and private sector organizations. He received his doctorate in Social Welfare and Immigration and Health Policy from the City University of New York Graduate Center.

MEGAN McLAUGHLIN

Dr. McLaughlin is the Executive Vice President of the Federation of Protestant Welfare Agencies in New York City. Prior to this she was a Senior Program Officer at the New York Community Trust/Community Funds., where she managed grant programs in family and child welfare, youth services, youth employment, girls and women and human justice. Dr. McLaughlin is affiliated with numerous organizations and serves on the Board of Directors of the Edwin Gould Foundation for Children, the Association of Black Foundation Executives and the New York Regional Association

of Grantmakers. She is a member of the New York State Commission on Child Care. Dr. McLaughlin has published numerous articles and reports on mental health, ethnicity, social work, immigration and the Black family. She received her D.S.W. from Columbia University School of Social Work.

HERON A. SAM

Reverend Heron A. Sam is the Rector of St. Mark's Church in Brooklyn. He is in the forefront of community action programs and has led demonstrations for the cause of human rights. Reverend Sam is currently involved in co-leading a coalition between Blacks and Hasidic Lubavitch Jews in the Crown Heights section of Brooklyn, groups that have been at odds with each other in recent years. He has led pilgrimages to the Middle East and in the Holy Land. Dr. Sam was an adjunct professor at Medgar Evers College. He is a member of the Board of Trustees and the Board of Directors at Interfaith Medical Center. Reverend Sam is the founder the Black Clergy Caucus of Crown Heights. He received a M.A. degree in Pastoral Counselling and psychology from St. John's University and a Doctorate of Ministry from New York Theological Seminary.

MARTA MORENO VEGA

Marta Vega is Executive Director of the Caribbean Cultural Center, a non-profit organization she founded in 1976. Since its founding, she has developed numerous programs for the maintenance and growth of African Cultural Traditions in the Caribbean, and South and Central America. Marta Vega has founded two other vital cultural organizations in New York City: El Museo del Barrio, and the Association of Hispanic Arts. Currently Ms. Vega is a member of the New York State Task Force on High School Dropouts, the Schomburg Commission for the Preservation of Black Culture and the Friends of the African Festival in Brooklyn. She earned her B.S. and Masters degrees in Education from New York University and has studied at Columbia University Institute for non-profit management.

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EXECUTIVE SUMMARY

This report, submitted by the Subcommittee on the Immigrant Community of African Descent of the Governor's Advisory Committee for Black Affairs, has five essential purposes:

- o To conduct an analysis of the status of immigrants of African descent in New York
- o To identify unique issues that may confront those communities
- o To present recommendations to the Governor's Advisory Committee for Black Affairs on ways in which the State could assist in resolving generic problems and needs perceived in these communities
- o To explore the subject of the similarities and differences between the immigrant Black community and other segments of the Black community in the State of New York
- o To develop strategies to address specific, adverse conditions faced by the entire Black community

The Subcommittee's charge implied engagement in appropriate dialogue with a representative body of Black immigrant leaders from Black cultural and ethnic communities, the formulation of a credible process of determining census perceptions, and the documentation of the deliberations in a series of reports to the Governor's Advisory Committee for Black Affairs.

This report will set the stage for more in depth analysis, continuing dialogue, and for additional recommendations and solutions to problems that may be faced by immigrants of African descent. The report covers the

areas of economic master planning, culture and the arts, immigration reform and amnesty, and health care. Additional reports will address other issues including housing, social services, and elementary, secondary, and higher education.

The Executive Summary of the report capsulizes the findings and recommendations of the working groups on economic master planning, culture and the arts, immigration reform and amnesty, and health care. The first and second sections of the report present subjective analysis and relevant questions, as well as statistical and demographic information. These sections will establish a basis for presenting significant proposals and recommendations addressing the issues and concerns that impact upon the immigrant community of African descent. They also serve as an introduction to Section III, "Report on Specific Issues," which contains the four sections outlined below:

General Recommendation

- o The health, education and social service proposals outlined in this report should be funded out of a 20 percent set-aside from the \$100 million that will come to New York State from the Federal Government in association with IRCA (1986). At least a third of the Block grant funds should be directed to communities with a concentration of immigrants of African descent.

Economic Master Planning for the Black Immigrant Community

Immigrants of African descent are rapidly growing segments of the New York population. Many of the new immigrants and a majority of those undocumented who will benefit from amnesty are at the bottom of the economic ladder. Yet some of these immigrants bring to the State of New York a wealth of entrepreneurial traditions and experiences. In international trade, the immigrants could be an asset to the State of New York in expanding trade and commerce with the Caribbean Basin and African countries and in creating businesses in their communities that should employ low-income people. Even under the present circumstances, there is already a trend where immigrants are playing an emerging role in distressed areas.

The Subcommittee found that the talents and potential resources available in the immigrant community of African descent that could assist in economic development and international trade were not being sufficiently utilized. Specific efforts must be made to harness the energy and underutilized talents of people in communities of African descent. These individuals must be supported by a State thrust leading to economic empowerment.

Major Recommendations on Economic Master Planning

- o The State should consider initiatives including tax exemptions, the awarding of tax credits, grants, and low cost financing to ensure development of low and middle-

income housing in adjacent areas to designated Economic Development Zones.

- o The State should explore alternatives for providing venture capital to minority-owned businesses located within Economic Development Zones. The State should also provide direct equity funding resources and encourage State pension programs and banks to participate in minority-venture capital pools as well as State-supported incubator projects.
- o The State should work through a consortium of institutions to develop a program of international trade that utilizes the resources of members of that consortium who are presently involved in developing international trade in the Caribbean and Africa.
- o The State should support the development of a consortium of immigrant and American Black institutions in the State of New York for the purpose of assisting Black communities and the immigrant communities of African descent to participate in the proposed Economic Development Zones, international trade, and in research and development activities.

Cultural Concerns of Immigrants of African Descent

Communities of African descent are a substantial proportion of the population of New York State. To our multicultural society, they bring a wealth of cultural traditions rich in visual art, literature, dance, music, theatre and the culinary arts. Yet, the historically poor record of services provided by major cultural institutions to immigrants of African descent is reflected in the absence of the artist and administrators of that background and of visual art exhibitions which present the culture of these immigrants.

Establishing community-based cultural institutions and arts education programs to assist in the documentation of cultural heritage and creative expression of immigrants of African descent is of primary concern to the immigrant communities. In order to assure the social and cultural continuity of our communities, institutions must be built which reflect the creativity, social and historical vision of immigrants of African descent.

Major Recommendations and Findings on Culture and the Arts

- o The State should fund and support the Foundation for the Promotion of Art and Culture for People of African Descent and provide resources and technical assistance to community-based organizations that focus on the art and culture of immigrants of African descent in New York State.
- o The State should provide support through the Foundation for the Promotion of Art and Culture for People of African Descent, established to document the cultural heritage and the creative expression of people of African descent and to portray the culture and contributions of immigrants of African descent in educational institutions of the State.
- o Existing community institutions presenting cultural aspects of immigrants of African descent need support from the New York State Council on the Arts.
- o Mechanisms for the utilization of community-based cultural agencies should be established to promote the touristic and commercial benefits of the culture and arts of immigrants of African descent in New York State.
- o Because there are no community-based institutions embodied with the power to document and preserve the basic principles of art and culture in its many facets for

the immigrants of African descent, many of these principles are lost.

- o The diverse cultural makeup of New York State's population warrants the promotion of various cultures as a means of reducing tension and hostility among groups.
- o The subcommittee found that the present special programs division of the New York Council on the Arts has not adequately promoted the development of community-based organizations which reflect the aesthetic expressions of immigrants of African descent.

Immigration Reform and Amnesty

A sizeable portion of New York's Caribbean population are undocumented immigrants. Consequently, over the past twenty plus years the immigrant community of African descent has been in the vanguard of the struggle for the development of sound and just immigration reform which is consistent with America's humanitarian values and democratic ideals. The Immigration Reform and Control Act (IRCA) signed into law by President Reagan on November 6, 1986, presents new opportunities and challenges to this community. This law will directly affect undocumented immigrants of African descent, who will need assistance to efficiently and effectively make the necessary status adjustment under law and to be protected from possible discrimination generated from this law.

Accordingly, immigrant community-based agencies desire to participate in the implementation of the legalization and employer sanction provision of the new law as well as

continue their traditional role in assisting their constituents in adjusting to their new environment and to becoming self-sufficient. However, these organizations are vehemently complaining that, with regards to the law, they have been excluded, and that preference is unfairly given to national, religious and legal organizations.

The Subcommittee concurs with the charges of these community-based agencies and believes that it is only fair that these agencies be supported to provide critically needed immigration-related services to their constituents.

Major Recommendations and Findings on Immigration Reform and Amnesty

- o The State's social service agencies should expand their outreach programs to include collaboration with ethnic organizations.
- o The State should assist in the development of Immigration Assistance Centers in the Bronx, Brooklyn, Manhattan and Queens where potential amnesty applicants can go for pre-screening and assistance. A pre-screening mechanism should be utilized to prevent the amnesty provision from being used to deport people.
- o The State should assist in the development of Immigrant Service Centers to assist in meeting the increased need for social services as the recipients of amnesty begin to seek them.
- o The State should provide funding to existing immigrant community-based social service centers and provide them with greater access to State services and resources.
- o The State should provide resources to the consortium of institutions mentioned in this report that will be involved in

research on the impact of the amnesty legislation on the immigrant community of African descent.

- o A program of universal access to health care and social services should be established in existing community health centers in the largest areas with a history of being culturally sensitive to immigrants of African descent. These sites, when identified, will provide access to health care and will be a resource for the new immigrant.
- o A massive community education campaign, sponsored by community health centers, social service agencies and community organizations, should be conducted in areas that are highly impacted with immigrants of African descent.
- o Funding for existing immigrant community centers should also be a priority. In addition to immigration-related assistance, these centers have been in a number of areas including bilingual and adult education, family planning and counseling, health, housing, and unemployment. These centers provide an important linkage to the immigrants cultural heritage and help to lessen the transitional stress of new and often hostile environments. These institutions are badly funded. They need greater access to State services and resources for their constituents as well as for their own development.
- o The Immigration Reform and Control Act (IRCA) signed into law by President Reagan on November 6, 1986, will directly affect undocumented immigrants of African descent, who will need assistance to efficiently and effectively make the necessary status adjustment transactions under law and to be protected from possible discrimination generated from this new law.
- o Because of the legalization provisions of 1986 Immigration Reform and Control Act, service delivery systems will become more accessible to immigrants who previously had no access to such services as housing, health, employment, social services,

education and equal protection under the law. Therefore programmatic initiatives are required to absorb these groups into the service delivery system.

- o The lack of data on undocumented immigrants presents a major obstacle to planning and delivery of services to this group.
- o The implementation of the Immigration Reform and Amnesty Law could have negative consequences for immigrants and the impacted communities in which they reside.

Health Issues Affecting Non-Hispanic Caribbean Immigrants
in New York

The research available on the health problems of newly arrived Black immigrant groups supports the contention that these immigrants suffer from the same problems as native-born, socioeconomically disadvantaged people. There are specific cultural determinants of health and illness however, that affect Black immigrants health services utilization and ultimately their status. The nature of health and illness, and the resultant care-seeking behavior, are culturally influenced. A lack of appropriate health education and cultural tendency toward self-treatment often contribute to immigrant groups' reluctance to seek health care.

This section of the report deals with health problems of non-Hispanic Caribbean-Americans and the problems they encounter in relation to health service delivery. The information presented is based primarily on data from published and unpublished studies and papers that have

included Caribbeans or Caribbean-Americans as a subsample of the study populations and from papers presented at two health conferences convened by the Caribbean Women's Health Association for the purpose of assessing the health status of this growing population in New York City.

Synthesis of the literature reveals that: (1) few studies have been conducted on the health status of this population group, (2) certain illnesses and diseases are prominent among this population, although this fact is not commonly recognized and (3) the problems of health service delivery and shortage of Caribbean-Americans among the health policy-makers are related.

Major Recommendations and Findings on Health Care

- o The State should provide the consortium of identified institutions with resources to generate data on the health status of immigrants of African descent to ensure effective policy formulation and programs that respond to the needs of the community.
- o Cultural sensitivity is needed at all levels from admission and reception in health facilities to policy-making given the multicultural and multilingual characteristics of the population. Institutionally based expertise about cross-cultural issues and culturally compatible communities. The New York State Department of Health should contract with ethnic organizations for technical assistance in cross-cultural training for providers and should develop ongoing mobile training modules/seminars on delivering culturally compatible health services.
- o Consistent with New York State Department of Health's commitment to provide technical assistance to organizations there should be

a concerted effort to reach out to Caribbean organizations to provide technical assistance and support. This would strengthen the capacity of these organizations to bring services to their communities. Specifically, this will require management training and increased and targeted funding.

- o The New York State Department of Health has taken the lead through its Prenatal Care Nutrition Program grants, which increase access to prenatal care for undocumented and low-income women. However, the funding available through this program is inadequate given the fact that poor women and children tend to reach health clinics with more complicated problems because of inconsistent and delayed service utilization. Programs which improve financial access, such as Medicaid, should be expanded to cover more low-income people for maternity-related and other services. In addition, health and health-related providers need training on entitlement eligibility for immigrants.
- o There is a need for more targeted health education and outreach in the Caribbean-American Community to increase knowledge about health and illness, in particular the importance of early, continuous preventive care.
- o Qualified, well trained health professionals from institutions in the Caribbean and Africa have difficulty finding employment in their fields in New York. Current reforms in Foreign Medical Graduate regulations exacerbate this problem, and areas with large Caribbean populations remain underserved. The State must increase its efforts to recruit and retain Black health professionals in these areas, recognizing that the staffing patterns of health facilities should be reflective of the patient populations being served.
- o Community health centers provide an irreplaceable service to low-income populations. For those who have no regular source of care--particularly immigrants who

tend to rely on hospital outpatient departments for episodic and crisis care, and emergency rooms for primary care--the community health centers are the most cost-effective and appropriate alternative. The State of New York should increase financial support for community-based comprehensive health services available, particularly in Black communities where low-income and undocumented immigrants face serious service access problems.

- o Cultural language barriers exist that inhibit access to health care by the immigrant of African descent.
- o Inability to pay and lack of funding for services to the medically indigent in health centers located in areas that are impacted by the poor, the undocumented and the new immigrant of African descent contribute to high need statistics associated with those areas.

Financial Implications Associated With This Report

The Subcommittee is cognizant of the fact that money is always scarce, but it felt compelled to identify some costs associated with these recommendations and potential source of financing for some of the efforts.

In the area of economic development, existing resources from the New York State Commerce Department and the new Economic Opportunities Zone Program and New York Port Authority International Trade initiatives should be made available to finance \$2 million worth of the proposed initiatives.

All of the other recommended initiatives could be obtained from funds that will become available to the State of New York as a result of the Immigration Reform and

Control Act. It is projected that as much as \$100 million will become available to the State to deal with health, education and social service issues associated with immigrant adjustment to the impact of the law and the impact on communities in which these new immigrants reside.

We feel, therefore, that since the largest percentage of these new immigrants will be of African descent, and since the greatest impact will be on communities impacted by immigrants of African descent, that a substantial part of this money should be used to resolve the stated problems in the areas of health, social services and education.

Funding Recommendations

- o The Foundation for the promotion of Art and Culture of People of African Descent should receive funding not only from the New York State Council on the Arts but also from the Department of Parks, the Division of Youth and other agencies. Initially, the State should support the founding efforts with a \$2 million annual appropriation. Roughly \$150,000 will be earmarked for administrative and fund-raising costs. The remaining sum will be spent on the proposed programs.
- o New York State Department of Health should allocate a minimum of \$6 million for provision of health and health-related services to those identified areas of the State that are heavily concentrated with new immigrants of African descent. This allocation should be made through Requests for Proposals (RFPs) designed for Black community-based organizations with histories of providing services to immigrants of African descent.

- o The State Department of Education should allocate a minimum of \$6 million to community-based educational institutions and organizations that serve large populations of new immigrants of African descent. These funds should be disseminated through RFPs designed for Black community-based organizations with histories of providing services to immigrants of African descent.
- o The State Department of Social Services should allocate a minimum of \$6 million to fund the network of immigrant assistance centers in those identified areas that are heavily concentrated with new immigrants of African descent, as discussed in this report.
- o Support for the following health centers, which serve large Caribbean populations, is specifically recommended. The \$1 million in already existing, but not utilized, prenatal care development funds should be allocated to health centers in immigrant-concentrated areas such as the Mid-Brooklyn Health Association Center, the Bedford-Stuyvesant Health Center, the Ralph Avenue Health Center, the Queens Health Service Association and the Ronald Frazier Health Center in the North East Bronx.

PART I. SIMILARITIES AND DIFFERENCES BETWEEN THE IMMIGRANT
BLACK AND THE NATIVE AMERICAN BLACK IN THE STATE OF
NEW YORK

Introduction

Discussion has taken place in closed circles on the issue of whether we need to be concerned over ethnic differences and the considerations of immigrant Blacks since they are a part of the diaspora of people of African descent. Some people contend that the nomenclature used to describe the two groups is at times evasive and inconsistent, and that the migratory patterns of African-Americans are not similar to those of immigrants of African descent. Therefore, to make any comparisons can lead to faulty conclusions. Others contend that all efforts should be spent homogenizing the Black community in the belief that this would lead to greater Black unity and discourage divisiveness and "tribalism."

The work of this Subcommittee on the Immigrant Community of African Descent would be incomplete if it did not at least raise the issue of Black unity and the clinical sub-questions involved, and if it did not at least present for review some of the postulations about the subject. Therefore, some of these issues are addressed below in a brief question and answer format that may help to generate more ideas and suggestions about this complex

topic. The responses below are by no means conclusive or necessarily correct: they are just a sampling of many possible reactions.

Question #1: Is there any substantive difference between the migration and adjustment process and the immigration and adjustment process?

One Response: Both of these processes are similar. The outstanding difference is the effect of nationalism or national identity on the immigrants' adjustment process. One could argue that the migrant's identification with the state or region from which they came has a similar effect upon them as the immigrant's identification with their homeland may have upon their adjustment process. Some people see a similarity in the repatriation phenomenon among migrant and immigrant Blacks, with many vowing to return "home" when, in fact, very few do return permanently and some engage in sublimated forms of repatriation. In contrast, most migrant Black people feel they have no homeland to which they might return.

Both the immigrant and the migrant bring to the host community different cultures and languages and/or dialects. A substantial number of these groups will tend to be in the low-income bracket. Both of these groups are often initially reluctant to avail themselves of the host community's social services and health support services.

During their adjustment period, both migrants and immigrants of African descent are likely to experience incidents of racial discrimination. The immigrant however, because of his or her awareness of the existence of a true "homeland" can and most often does confront racial discrimination with a positive, feisty attitude.

Question #2: Are there cultural differences between the migrant Black and the immigrant Black?

One Response: The cultures are the result of the effect of history, geography, environment and institutional patterns and mores developed in a particular area. Therefore, it would be extremely unlikely that the same dialects, the same mores and the same artistic expressions and customs would be identically manifested from one geographic region to the next. So even though the general conditions of both the recent migrant and the recent immigrant may be similar, the manner of adjustment may take place in different ways. As in the response to question #1, the mere fact that a "homeland" exists gives the immigrant an edge in adjustment to the host region, while the migrant might adjust with less difficulty because of his or her identification with the host region.

Question #3: Can a difference between immigrant groups and migrant groups be discerned in the areas defined as "high need" in New York State?

One Response: Similarities between migrants and immigrants exist in economically disadvantaged areas designated as "high need." A few Subcommittee members argued that the longer the immigrant and the migrant reside in the host areas, the more the original differences tend to disappear as both groups adjust to and become assimilated into the host community. Nevertheless, there tends to continue to exist identification with romanticized aspects of the culture from which the group came.

Question #4: Are there socioeconomic differences during the first-five year adjustment period between the two groups?

One Response: Some people feel that there are, though the needs of both groups are just as great. In attempting to meet those needs, however, agencies of government need to be culturally sensitive to differences in languages and customs. Once again, the immigrant may have the edge because of the existence of a "homeland." On the other hand, the migrant may more easily identify with the host region and therefore adjust with less difficulty.

Information and data relevant to the questions raised in this section of the report are listed in appendix 1.

PART II. DEMOGRAPHIC AND SOCIOECONOMIC ASSESSMENT OF THE STATUS OF
THE BLACK IMMIGRANT

Introduction

In order to determine the status of the immigrant in New York City, in the suburbs of New York City and in the State of New York, one could divide the immigrant community into two groups: the recent immigrant (a person here less than 10 years), and the long-term resident immigrant (a person here for over 10 years). This distinction is arbitrary, and if time and resources allowed, a more reliable definition of "recent" and "long-term" immigrants could be presented, with more thorough analyses of their different adjustment experiences and problems.

If one were to create a matrix, two other variables could be the immigrant who arrived with professional skills versus the working poor. The immigrant with professional skills, who comes to live in New York State, experiences adjustment problems such as a lack of opportunities, insufficient contacts, culture shock and discrimination. But because this class of immigrant tends to be highly motivated and has marketable skills, generally adjustment difficulties are overcome within the first decade of residence. By the end of the first decade the immigrant

with professional training begins to approximate the socioeconomic characteristics of the lower middle-class Black. Unfortunately, because some individuals in this group are often highly visible (many atypical success stories) a mythology about the success of the immigrant of African descent in the State of New York has emerged.

The other group of recent immigrants, the working poor, by and large have a more difficult adjustment experience. Most immigrants, regardless of whether they have professional skills or not, tend to initially reside in areas populated with large numbers of poor people and often lacking sufficient support services to meet the high health, social service and employment needs of its residents.

The professionally skilled immigrant, in time, escapes from these areas, while many of the poor, less skilled immigrants tend to be trapped in poverty for several decades. Furthermore, their children and their first-generation offspring also tend to remain part of a permanent working poor residing in the impacted areas.

Several studies and demographic assessments reveal a correlation between the rise in new immigrants of African descent and the high-need areas of increased poverty in cities like New York and Buffalo. Interestingly enough, there also appear to be large numbers of the professional immigrants in Albany, Syracuse and Rochester, and in the

counties of Westchester, Nassau, Suffolk and Rockland.

As a result of the 1965 immigration law, there has been a dramatic increase of immigrants from the circum-Caribbean region to the United States. Currently, Caribbean people constitute 15 percent or the largest immigrant group entering the United States, followed by Mexico with 11.7 percent. While Mexicans are concentrated in the Southwest region of the country, Caribbeans are concentrated in the Northeast, particularly in the greater New York metropolitan area.

The New York State Inter-Agency Task Force on Immigration (March 1, 1987) reported that of New York's 17.5 million residents, 2.5 million are immigrants and as many as 1.5 million are undocumented immigrants. Time magazine (July 8, 1985) reported that immigrants constitute almost one third (2.1 million out of 7.1 million) of New York City's residents. The 1980 census reported that almost one third (480,000 or 28%) of New York City's total foreign-born population were Caribbean immigrants.

The three generations of this Caribbean population presently constitute the largest immigrant group in New York City. Current estimates suggest that the number of Caribbean immigrants in the New York area is in excess of one million. Moreover, based on the pattern of influx it is projected that there will be a sharp increase of this

population over the next decade as we enter into the twenty-first century.

Although it has been estimated that legally there is a population of approximately 1.5 million immigrants of African descent in New York State, not enough research has been done to verify these statistics. One of the difficulties this Subcommittee had was coming up with viable demographic and statistical data about this population.

There are large concentrations of immigrants of African descent in the Buffalo and Syracuse areas, the mid-Hudson Valley, and in Nassau, Suffolk, and Westchester counties as well as in New York City. But one of the major problems in accurately counting this population in New York State is the lack of consistent nomenclature. Immigrants of African descent are Spanish-speaking, French-speaking, and English-speaking. They come from all over the world and in large concentrations from the Caribbean Basin, Central America, South America, and Africa. Yet in the past many of these immigrants of African descent have been grouped under the general category of "Black," or "Hispanic," or "Other"--designations that do not clearly identify from which nation they may have migrated or how they identify themselves ethnically or racially. The problem is a complex one. Even the Subcommittee's participants could agree on definitions that made clear

distinctions between certain types of population groups, such as "immigrants of African descent," "Black immigrants," and "non-Hispanic Caribbean immigrants." People from United States territories outside of the mainland, for example immigrants from St. John, St. Thomas, and St. Croix in the Virgin Islands, could be included.

When perusing the data in the tables included in this report, it should be kept in mind that they do not reflect aspects of the invisible, undocumented population.

A population census, by the very nature of the process of its compilation, tends to provide an incomplete picture of subjects under investigation, reflecting as it does, the subjective testimony of respondents. In addition, immigrants often feel impelled to withhold, underestimate or exaggerate information, thus widening the gap between perception and reality. For example, countries of origin as well as citizenship status might be falsely identified. Household size might be understated and educational attainment exaggerated.

Because of these considerations, United States census data have generally tended to underestimate the foreign-born population in terms of both demographic and socio-economic features. There is need, therefore, for such data to be complemented by information derived from other sources, for example, from emigration returns of sending

countries, Immigration Naturalization Services reports, U.S. Department of Labor statistics and empirical surveys of one kind or another.

The following discussion based almost exclusively on U.S. Census returns must, therefore, be understood in light of the deficiencies inherent in such data.

Population Structure

Population Size

In 1980, according to census returns, there were in the United States a total of 1,382,147 foreign-born persons originating from the Caribbean. This figure represented 9.8 percent of persons entering the United States from all over the world (14,079,906) and 19.8 percent of the "New Immigrants" (7,120,831), that is, those entering from Asia, Africa, Latin America and the Caribbean. It excludes foreign-born persons from the Commonwealth of Puerto Rico and the United States Virgin Islands of St. Thomas, St. Croix and St. Johns, who are de jure citizens of the United States.

The Hispanic Caribbean, comprised of Cuba (607,844) and the Dominican Republic (169,147), accounts for 56 percent of Caribbean immigrants; the English-speaking Caribbean (444,948), for 32 percent; Haiti (92,395) for 7.3 percent; Panama (60,740) for 4.3 percent. Persons born in the Dutch-speaking Netherlands Antilles, who migrate

largely to Holland, totalled 7,720, and French-speaking persons originating in Martinique and Guadeloupe, who migrate almost exclusively to France, amounted to 2,381. Jamaica (196,811) contributed 14.2 percent of all the Caribbean foreign-born and 44.5 percent of the English-speaking.

Of the latter, Trinidad & Tobago (65,907) ranked second with 14 percent and Anguilla (477), last with 0.1 percent. (See table 1).

TABLE 1
CARIBBEAN FOREIGN-BORN PERSONS LIVING IN
THE UNITED STATES

<u>Country of Birth</u>	<u>Totals</u>
Anguilla	477
Antigua & Barbuda	3920
Bahamas	13993
Barbados	26847
Belize	14436
British Virgin Islands	1867
Cayman Islands	1013
Cuba	607814
Dominica	3296
Dominican Republic	169147
Grenada	7101
Guadeloupe	1415
Guyana	48608
Haiti	92395
Jamaica	196811
Martinique	966
Montserrat	1212
Netherlands Antilles	7720
Panama	80740
St. Christopher/Nevis	1903
St. Lucia	1901
St. Vincent/Grenadines	4044
Trinidad & Tobago	65907
Caribbean	1,382,147

Source: U.S. Census Bureau, Statistical Profile of the Foreign-Born Population: 1980 Census of Population. Washington, D.C.: Center for International Research and Population Studies), October 1984.

The above statistical data relate only to "foreign-born" persons originating from the Caribbean. The Caribbean population is equivalent to the category "foreign-stock," which is the sum total of both those born at home and those born in the United States of Caribbean or mixed parentage.

Sex Composition

Nationally, in 1980 there were more recorded females than males in the foreign-born element of the Caribbean population. Throughout the Caribbean, females (747,704) accounted for 54.6 percent of the population. Expressed differently, for every 100 females there were 83.1 males. This male/female ratio ranged from 95.4 in Haiti to an abnormally low of 69.3 in Panama. (In Panama one of the main sources of livelihood, the Canal Zone, offers substantially more work to men than to women, and thereby creates a comparative disincentive for men to migrate.) The English-speaking Caribbean recorded 87.5, the Dutch-speaking 85.1, the Hispanic-speaking 84.4 and the French-speaking Antilles 81.6. The English-speaking group itself ranged from 101.1 males to 100 females in the Bahamas (in St. Vincent and the Grenadines the ratio was 100.6 to every 100) to 69.9 males to 100 females in the Cayman Islands.

TABLE 2

SEX COMPOSITION OF CARIBBEAN IMMIGRANTS IN
THE UNITED STATES, 1980

<u>Country of Birth</u>	<u>Male</u>	<u>Female</u>	<u>Males per 100 Females</u>
Anguilla	223	254	87.8
Antigua & Barbuda	1715	2205	77.8
Bahamas	7034	6959	101.8
Barbados	12230	14647	83.7
Belize	6480	7956	81.4
British Virgin Islands	873	994	87.8
Cayman Islands	416	597	69.7
Cuba	284800	323014	88.2
Dominica	1638	1658	98.8
Dominican Republic	75444	93703	80.5
Grenada	3141	3960	79.3
Guadeloupe	652	763	85.5
Guyana	22562	26046	86.6
Haiti	44901	47494	94.5
Jamaica	87264	109547	79.7
Martinique	422	544	76.6
Montserrat	580	632	91.8
Netherlands Antilles	3549	4171	85.1
Panama	24855	35885	69.3
St. Christopher/Nevis	944	959	93.4
St. Lucia	870	1031	84.4
St. Vincent & Grenadines	2028	2016	100.6
Trinidad & Tobago	29752	36155	82.3

Source: U.S. Census Bureau, Statistical Profile of the Foreign-Born Population: 1980 Census of Population. Washington, D.C.: Center for International Research and Population Studies), October 1984.

The male/female ratio can be explained, quite apart from probable defects associated with the census-taking process, in terms of the operation of both incentives and disincentives offered the two elements of the migrant force. The generally higher proportion of females in the immigrant mix might well have to do with the reality of

domestic work in the United States. Since the passage of amendments to the Immigration and Nationality Act in 1965, domestic work has offered female immigrants the opportunity for employment, however exploitative, and also the possibility, of access to permanent residence status. Generally, the pattern of migration has the woman immigrant arriving first, followed by her spouse and, finally, their children.

In the context of the Caribbean-American community in which male immigrants outnumber females, opposing economic forces are at work. In the case of the Bahamas, the overwhelmingly dominant sectors of the economy, namely, tourism and offshore banking, tend to create substantially higher levels of employment for females, in comparison to the males, in this way offering both an incentive to women to remain and, at the same time, a disincentive to men. The St. Vincent situation is more difficult to explain. There is no indication of any difference in terms of economic trends and migration patterns which have been generally shared by its smaller sister English-speaking territories. There has been some speculation that the apparent male/female discrepancy may be attributed to the fact that a substantially higher number of male migrant workers, are regularly sent to the United States from St. Vincent than is the case in the other territories, except Jamaica.

It must not be discounted, though, that abnormally high male/female ratios may appear at historical periods and in populations where the process of male spouses reuniting with their female mates has been completed.

Age Structure

The Caribbean immigrant population in the United States is essentially a young, reproductive one. Not only is 89.6 percent of the population less than 65 years old, 81.8 percent of these are in the working age group of 16-64 years. In the latter age category, Haiti records the highest percentage (87.6%) and the Bahamas the lowest (65.1%). In the category 65 or more years, Haiti also records the lowest percentage (4.1%), and St. Christopher/Nevis, the highest (18.8%). The Bahamas (17.6%) recorded the highest percentage of persons under 15 years of age.

TABLE 3

AGE STRUCTURE OF CARIBBEAN IMMIGRANTS IN THE UNITED STATES, 1980

Country of Birth	<u>% Under 15 Years</u>	<u>% 16-64 years</u>	<u>% 65 years & older</u>
Anguilla	11.1	72.3	16.6
Antigua/Barbuda	7.7	81.6	10.7
Bahamas	17.6	65.1	17.3
Barbados	6.8	79.3	13.9
Belize	10.7	84.1	5.2
British Virgin Islands	12.7	76.6	10.7
Cayman Islands	12.0	70.3	17.7
Cuba	4.1	82.1	13.8
Dominica	9.9	83.5	6.6
Dominican Republic	9.2	86.6	4.2
Grenada	7.9	86.3	5.8
Guadeloupe	6.9	77.6	15.5
Guyana	14.4	79.3	5.3
Haiti	8.3	87.6	4.1
Jamaica	10.2	82.5	7.3
Martinique	2.8	81.7	15.5
Montserrat	6.9	77.6	15.5
Netherlands/Antilles	6.0	83.5	10.5
Panama	10.2	83	6.8
St. Christopher/Nevis	8.8	72.6	18.8
St. Lucia	8.9	84.1	7.0
St. Vincent & Grenadines	8.1	85.6	6.3
Trinidad & Tobago	9.4	86.2	4.4
	8.8	81.8	10.4

Source: U.S. Census Bureau, Statistical Profile of the Foreign-Born Population: 1980 Census of Population. Washington, D.C.: Center for International Research and Population Studies), October 1984.

The length of the migration process explains the comparatively high percentage of persons 65 years old or older among immigrants from Anguilla, Bahamas, Cayman Islands, Montserrat and St. Christopher/Nevis. These islands are located in the northeastern Caribbean, which has islands with a long history of migration, albeit unorganized, to the United States. Until 1965, the doors to the United States had been virtually shut against immigrants originating in Haiti, Guyana, Trinidad and Tobago, St. Vincent and the Grenadines, Grenada and St. Lucia. Thus, the percentage of elderly in their immigrant populations has remained comparatively low.

National Distribution of Population

Breakdown by State

According to 1980 census returns, the overwhelming majority of Caribbean immigrants are residents in the States of New York, Florida, New Jersey and California. New York (524,571) accounted for 37.9 percent, Florida (443,276) 32.1 percent, New Jersey (112,855) 8.1 percent and California (79,757) 5.2 percent. Cubans were dominant in Florida (366,057) and California (46,258), where they represented 83 percent and 73.4 percent, respectively, of the Caribbean contingent. In New York State, persons from the English territories (524,193) amounted to 48.6 percent of Caribbean immigrants, while Hispanics (56,895 Cubans;

131,313 Dominicans) amounted to 35.7 percent and Haitians (55,363), 10.5 percent.

From the English-speaking territories, Jamaicans (107,130) represented 20.4 percent of the Caribbean population of New York State. They accounted for 42.1 percent of the English-speaking presence there, and led the way in all other States.

TABLE 4

CARIBBEAN FOREIGN-BORN PERSONS IN SELECTED STATES, 1980

COUNTRY OF ORIGIN	CALI- FORNIA	NEW YORK	FLORIDA	TEXAS	ILLI- NOIS	NEW JERSEY	MASSA- CHU- SETTS	MICH- IGAN	PENN- SYL VANIA	OHIO
Anguilla	55	207	47	16	8	49	-	-	33	-
Antigua and Barbuda	218	2,594	260	63	18	257	54	28	20	48
Bahamas	397	2,055	8,511	177	208	356	142	251	187	124
Barbados	458	19,557	806	151	199	913	2,383	109	504	48
Belize	5,473	4,536	803	249	1,370	249	139	241	59	69
British Virgin Islands	281	879	205	29	20	71	47	29	30	9
Cayman Islands	68	242	398	112	4	35	-	12	67	-
Cuba	46,258	56,895	366,057	10,103	14,539	68,096	5,227	2,147	3,522	1,710
Dominica	141	1,984	266	75	64	212	82	38	52	13
Dominican Republic	1,742	131,313	7,139	674	1,059	14,269	5,233	285	766	241
Grenada	192	5,628	184	51	32	250	45	47	68	10
Guadeloupe	101	411	524	109	64	57	5	27	33	-
Guyana	2,102	33,398	1,416	499	541	3,756	465	279	425	410
Haiti	1,339	55,363	17,280	346	2,700	5,172	4,995	187	726	136
Jamaica	6,680	107,130	25,387	2,012	4,710	11,016	5,526	1,655	4,398	1,778
Martinique	109	445	190	18	32	-	33	6	42	-
Montserrat	42	629	66	-	-	45	293	-	-	6
Netherlands Antilles	347	3,073	1,951	268	133	550	238	53	137	142
Panama	9,251	22,878	4,817	3,323	1,330	1,733	955	584	910	769
St. Christopher/ Nevis	24	1,175	226	93	7	110	39	18	12	52
St. Lucia	47	1,250	158	81	-	103	20	13	17	26
St. Vincent/ Grenadines	113	3,202	119	33	15	101	47	34	58	15
Trinidad & Tobago	2,239	41,524	2,932	1,771	756	3,074	2,809	430	1,269	454

Source: U.S. Census Bureau, Statistical Profile of the Foreign-Born Population: 1980 Census of Population. Washington, D.C.: Center for International Research and Population Studies), October 1984.

New York City

The overwhelming majority of New York State's Caribbean population resides in New York City. According to 1980 census returns, the City's Caribbean immigrant population (469,920) accounts for 28.1 percent of the total foreign-born population (1,670,171). The Caribbean constituency includes 40 percent from the English territories, 36.2 percent from the Hispanic, 10.6 percent from Haiti and 4.3 percent from Panama.

TABLE 5
RANK ORDER OF TOP 10 SENDING NATIONS TO
NEW YORK CITY BY PERIOD OF IMMIGRATION, 1980

<u>TOTAL 1980</u>	<u>PRE-1965</u>	<u>1965-1974</u>	<u>1975-1980</u>
1. Italy	1. Italy	1. Dominican Rep.	1. Dominican Rep.
2. Dominican Rep	2. Poland	2. Jamaica	2. USSR
3. China	3. Germany	3. China	3. China
4. Jamaica	4. USSR	4. Italy	4. Jamaica
5. USSR	5. Ireland	5. Haiti	5. Guyana
6. Poland	6. Cuba	6. Trinidad-Tobago	6. Haiti
7. Germany	7. Austria	7. Ecuador	7. Korea
8. Haiti	8. China	8. Columbia	8. Columbia
9. Cuba	9. Dominican	9. Cuba	9. Trinidad-Tobago
10. Ireland	10. Hungary	10. Greece	10. India

Source: U. S. Census, Microdata Sample (Washington, D.C.: Bureau of the Census), 1980.

TABLE 6

DISTRIBUTION OF CARIBBEAN FOREIGN-BORN POPULATION
NEW YORK CITY 1980.

	<u>TOTAL NYC</u>	<u>BRONX</u>	<u>BROOK -LYN</u>	<u>MAN- HATTAN</u>	<u>QUEENS</u>	<u>STATEN IS.</u>
TOTAL CARIBBEAN	469,920	67,500	192,800	99,300	108,200	2,120
Dominican Rep.	120,600	16,660	20,080	60,820	22,880	160
Cuba	49,720	5,520	8,420	16,340	19,040	400
Total West Indies	299,600	45,320	164,300	22,140	66,280	1,560
Jamaica	93,100	24,460	42,660	5,460	20,140	380
Haiti	50,160	30,260	30,260	3,620	14,340	260
Trinidad-Tobago	39,160	2,120	27,080	2,120	7,640	200
Guyana	31,960	4,920	15,840	2,540	8,620	40
Panama	20,840	1,900	13,280	1,740	3,760	160
Barbados	19,680	2,020	13,000	1,600	3,040	20
Grenada	5,660	160	4,860	180	460	--
St. Vincent	2,700	160	2,140	40	360	--
Antigua-Barbuda	2,380	1,380	320	180	500	--
Dominica	1,660	360	500	420	380	--
Bahamas	1,540	380	400	400	340	20
Aruba	1,140	100	680	140	180	40
St. Kitts-Nevis	1,000	160	280	180	380	--
All Other	28,620	5,520	13,000	6,140	6,140	440
West Indies						

Source: U.S. Census, Microdata Sample (Washington, D.C.: Bureau of the Census), 1980.

By far the greater majority of New York City Caribbeans (41%) reside in Brooklyn, and, to a lesser extent, in Queens (23%). The Borough of Staten Island with a contingency of only 2,120 has the lowest population. Because of imprecise data collection, even that compiled by the New York City Department of City Planning (See Table 6), it is impossible to provide complete demographic data borough-wide for all except the Hispanic Caribbean community. Often English and French-speaking persons are collectively labelled "all other West Indians."

The Hispanic elements of the Caribbean foreign-born jointly (77,160 persons) comprise 77 percent of Manhattan's Caribbean community, 22 percent of the borough's foreign-born and 5.4 percent of its total population; Dominicans (60,820) separately comprise 17.4 percent of total foreign-born and 61 percent of Caribbean immigrants.

While Manhattan is the "home" of Hispanic Caribbean persons, English-speaking persons constitute the bulk of Brooklyn's Caribbean immigrant community, numbering more than 55 percent of the community, more than 20 percent of the total immigrant population and more than 4.5 percent of the borough's overall population. Jamaica is the highest contributor, comprising 22 percent of the Caribbean

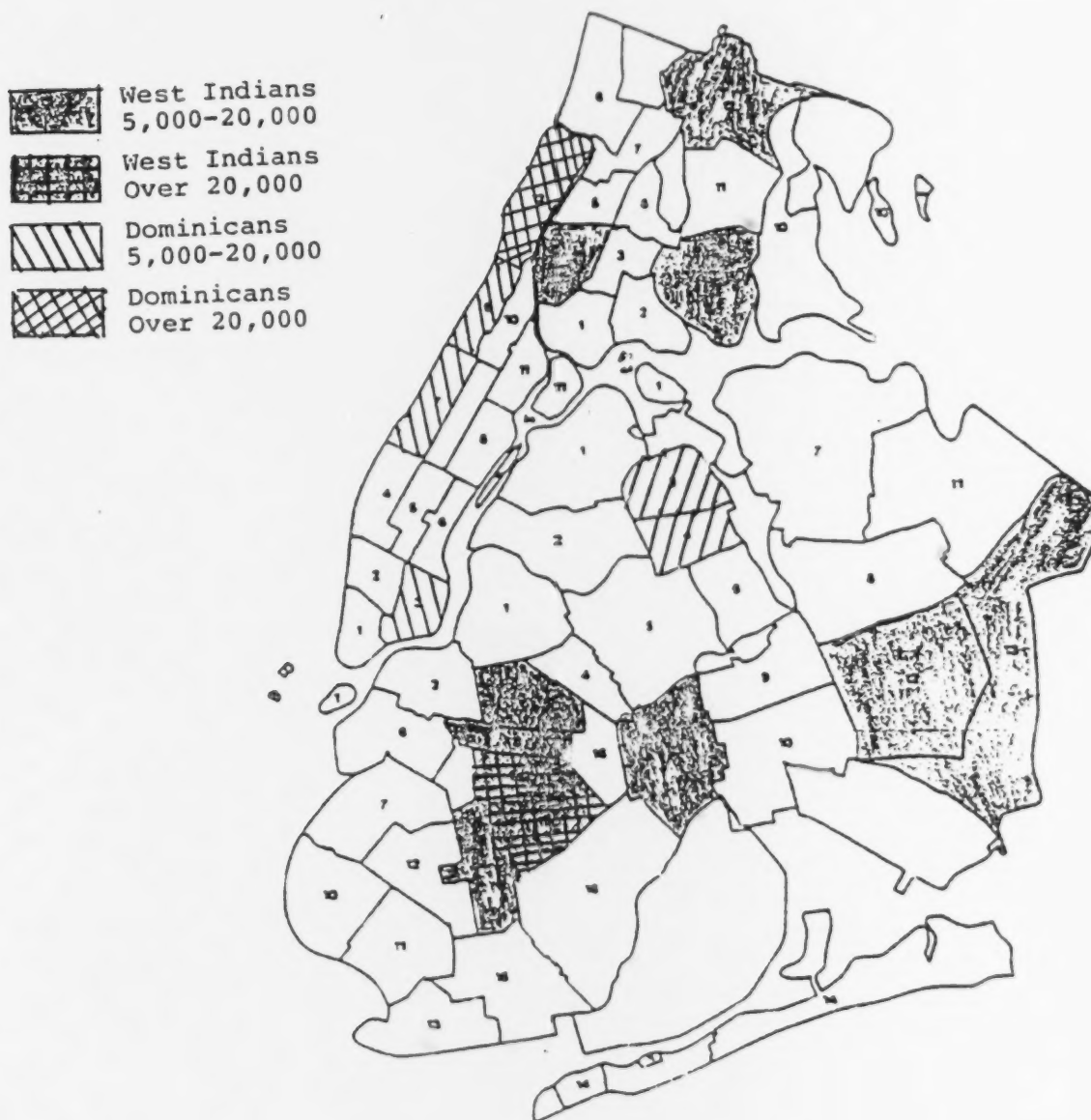
immigrants, Trinidad and Tobago follow with 14 percent.

In the boroughs of Queens and the Bronx, English-speaking Caribbean immigrants are well represented numerically. In Queens they total more than 41,600, attaining parity with the Hispanic sector (41,920). In the Bronx they are numerically dominant. According to the 1980 census returns English-speaking Caribbeans number more than 36,120 and account for 53 percent of Caribbean foreign-born. Jamaicans (24,460) represent 36 percent of the Caribbean foreign-born population, 6 percent more than the total for the Hispanic Caribbean (22,180).

Haitians are based in Brooklyn (30,260) and, secondly, in Queens (20,140). They account for 14 percent of Caribbean migrants in the former borough, and 13 percent in the latter, compared with 38 percent each for both Hispanic and English-speaking immigrants. In other boroughs they live in comparatively insignificant numbers.

The specific niches, carved out by the respective Caribbean communities--from, countries with more than 100 residents-- within the boroughs, are illustrated in Figure 1. The specific Brooklyn residential pattern is illustrated in table 7.

NEW YORK CITY COMMUNITY DISTRICTS
WITH MORE THAN 5,000 CARIBBEAN-BORN IMMIGRANTS, 1980



Source: U.S. Census Bureau, 1980 U.S. Census Summary
Tape File 4A.

TABLE 7

RESIDENTIAL LOCATION OF THE CARIBBEAN
FOREIGN-BORN IN BROOKLYN

COUNTRY OF ORIGIN	ZIP CODES (112)								
	03	12	13	15	16	18	25	26	38
Barbados	1059	639	770	-	928	-	573	615	335
Dominican Republic	143	211	427	558	-	235	348	498	353
Grenada	442	155	217	-	121	-	176	234	-
Guyana	1344	447	230	111	305	-	570	1074	287
Haiti	1200	426	407	114	-	119	877	1550	306
Jamaica	3211	1309	1402	123	749	162	1971	2648	660
Panama	438	258	413	-	200	-	410	589	204
St. Vincent	241	139	100	-	-	-	-	-	-
Trinidad	1860	675	883	125	663	-	1064	1641	532

Source: U.S. Census Bureau, 1980, Census Exhibit 1k, 17 (Washington D.C.: Census Bureau).

A document on Caribbean immigrants published by New York City's Department of City Planning reported the following information about Haitians, Dominicans and Jamaicans. The percentages in the category of 15 to 44 year-olds were 71.9 percent Haitians, 71 percent Dominicans and 67.8 percent Jamaicans. Among native-born New Yorkers, there were 45.5 percent in the 15 to 44 age category.

In terms of educational attainment, the percentage of high school graduates aged 25 and over is 64.2 percent for Haitians, 24.4 percent for Dominicans and 58.4 percent for Jamaicans. For native born New Yorkers the percentage was 69.6. In the category of people aged 25 or over with four or more years of college, the percentage rate for Haitians is 9.5 percent, for Dominicans 2.4 percent for Jamaicans 8.2 percent, and 18.8 percent for native-born persons.

Native-born New Yorkers had 2.7 people per household in 1980 compared to 3.52 for Haitians, 3.47 for Dominicans, and 3.22 for Jamaicans. The percentage of households maintained by women with no spouse present was 12.8 for native-born residents, 21.3 for Haitians, and for 33.1 for Dominicans, 24.0 for Jamaicans.

TABLE 8

SELECTED CHARACTERISTICS OF HAITIAN, JAMAICAN AND DOMINICAN
IMMIGRANTS WHO ENTERED THE UNITED STATES BETWEEN
1970 AND 1980
(New York State, 1980)

CHARACTERISTIC	HAITIAN	JAMAICAN	DOMINICAN	NATIVE-BORN
NUMBER OF PERSONS	32,627	59,190	74,744	15,169,134
AGE STRUCTURE				
Median Age (years)	29.0	26.6	26.0	29.8
Percent Age 15-44	71.9	67.8	71.0	45.5
Percent over 44	16.3	17.1	14.1	31.0
SEX STRUCTURE				
Sex ratio	86.5	82.7	87.9	91.6
Sex ratio, age 15 and over	83.0	81.5	84.9	88.0
HOUSEHOLD STRUCTURE				
No. of households	9,932	17,124	21,674	5,241,943
Persons per household	3.52	3.22	3.47	2.70
Percent of households maintained by women with no spouse present	21.3	24.0	33.1	12.8
EDUCATIONAL ATTAINMENT				
Percent high school graduates, persons age 25 and over	64.2	58.4	24.4	69.6
Percent with four or more years of college persons age 25 and over	9.5	8.2	2.4	18.8

The sex ratio is the number of males per 100 females.

Source: Subcommittee on Census and Population, Jeffrey S. Passel, Speaking before the Committee on Post Office and Civil Service, 7 June 1985.

United States Migration Trends

Although Caribbean people have migrated to the continental United States since early times and particularly after World War I, the greatest proportion of Caribbean immigrants came after the relaxation of barriers in 1965. Specifically, according to 1980 census records, 17.1 percent arrived before 1959, 32.1 percent in the five-year period 1970 to 1974 and 28 percent from 1975 to 1980. (See table 9).

Migration flows appear to have been highest in Haiti (33.6%) and the English-speaking territories (33 percent) during the period 1975 to 1980, and in Panama (31.5%), the Hispanic (48.8%) and Dutch (40.7%) Caribbean and the French-speaking islands of Guadeloupe and Martinique during the period, 1960 to 1970.

At variance with statistical trends for the English-speaking Caribbean on the whole, the highest migration from Anguilla (34.4%), Antigua/Barbuda (28.5%), Monserrat (39.9%) and St. Christopher/Nevis (33.3%) occurred in the period 1960 to 1969. Also inconsistent with the English-speaking Caribbean picture are the Bahamas and the Cayman Islands, where by far the highest influx into the United States (40% and 37.3% respectively, occurred in the pre-1959 period.

Since 1960 migration from Haiti has been fairly consistent, explained, perhaps, by the negative effects of the Duvalier dictatorship. In the context of Cuba, the abnormally high level of migration (60.4%) experienced between 1960-1969 coincided with the first decade of the country's transformation from capitalism to socialism.

TABLE 9

CARIBBEAN IMMIGRATION TO THE UNITED STATES BY PERCENTAGES

Area	<u>Year of Immigration--Percent Immigrated</u>			
	<u>1975 to</u> <u>1980</u>	<u>1970 to</u> <u>1974</u>	<u>1960 to</u> <u>1969</u>	<u>1959 or</u> <u>Earlier</u>
Anguilla	30.4	14.3	34.4	21.0
Antigua & Barbuda	28.0	24.2	28.5	19.2
Bahamas	28.7	15.5	15.9	40.0
Barbados	29.6	26.3	24.3	19.8
Belize	28.1	27.0	35.2	9.7
British Virgin Islands	26.8	22.1	26.3	24.7
Cayman Islands	23.5	12.8	26.4	37.3
Cuba	6.3	20.5	60.4	12.8
Dominican Republic	31.0	25.8	37.2	6.1
Grenada	33.9	29.8	26.0	10.3
Guadeloupe	15.2	25.6	41.3	18.0
Haiti	33.6	31.0	30.8	4.6
Guyana	46.1	26.3	20.6	7.0
Jamaica	30.6	28.0	29.8	11.6
Martinique	6.3	18.2	50.8	24.6
Montserrat	19.3	20.0	39.9	20.9
Netherlands Antilles	19.9	18.8	40.7	20.6
Panama	23.8	15.8	31.5	29.0
St. Christopher/Nevis	30.4	15.4	33.3	20.9
St. Lucia	31.6	26.4	26.1	15.9
St. Vincent-Grenadines	34.2	28.3	26.5	10.9
Trinidad & Tobago	27.6	34.2	30.7	7.4
Caribbean	28.0	22.8	32.1	17.1

Source: U.S. Census Bureau, Statistical Profile of the Foreign-Born Population: 1980 Census Population. (Washington, D.C.: Center for International Research and Population Studies), October 1984.

Immigration to New York City

The pattern of movement of Caribbean migrants into New York appears consistent in terms of time period with the historical migration flow into the nation as a whole. That is to say, there has been, as a general rule, a coincidence between substantial entry into the nation, on the one hand, and heavy influx into New York City, on the other.

Regarding the English-speaking territories, for example, the heaviest influx into the Metropolitan area occurred during the years 1975 to 1980, when national entry was highest. During that period, 60,320 persons representing an average of 12,064 per annum were resident in New York City, as compared to 106,940 persons, the equivalent of 10,694 per annum, in the ten-year interval from 1965 to 1974. Prior to 1965 the English-Caribbean presence in New York City amounted to 33,680. A similar pattern is observable among Panamanian immigrants.

TABLE 10
NON-HISPANIC CARIBBEAN MIGRATION TO NEW YORK CITY
1965 - 1980

<u>Birthplace</u>	<u>Period of Immigration to the U.S.</u>			
	<u>Total</u>	<u>Pre-1965</u>	<u>1965-1974</u>	<u>1975-1980</u>
Total	299,600	58,580	156,920	84,100
Jamaica	93,100	16,820	52,620	23,660
Haiti	50,160	6,380	29,940	13,840
Trinidad & Tobago	39,160	4,860	23,660	10,640
Guyana	31,960	2,540	13,700	15,720
Panama	20,840	8,720	7,580	4,540
Barbados	19,680	5,160	9,040	5,480
Grenada	5,660	720	2,960	1,980
St. Vincent	2,700	480	1,340	880
Antigua-Barbuda	2,380	560	1,220	600
Dominica	1,660	460	660	540
Bahamas	1,540	780	340	420
Aruba	1,140	480	500	160
St. Kitts-Nevis	1,000	520	380	100
St. Lucia	960	300	520	140
Curacao	500	120	300	80
All others	27,160	9,680	12,160	5,320

Source: U.S. Census Bureau, 1980 U.S. Census Microdata Sample (Washington, D.C.: Census Bureau).

The Haitian experience is somewhat different. While national entry rose from 30.8 percent in 1960-1969 to 33.6 percent in 1975-1980, influx into New York City experienced a slight decline from an annual average of 2,994 persons in 1965-1974 to 2,770 in 1975-1980. The latter period coincides with the emergence of the refugee "boat people" and the rise of "Little Haiti" in Miami as a residential alternative to New York City.

A further point needs to be made. As the immigration experience has matured, although New York City continues to

be the principal place of settlement, the City no longer has the lure, from the viewpoint of Caribbean immigrants, that it had historically. There has been a trend towards settlement in less hectic, more middle-class areas such as Long Island in New York State and New Jersey, on one hand, and climatically compatible regions like Miami, Florida, on the other.

It is worthy of mention that increasingly within the metropolitan area the borough of Queens has offered a growing challenge to Brooklyn and the Bronx, as a residential area for Caribbean immigrants, particularly those from English territories. The borough has been perceived as a haven for a new middle-class stratum, itself refashioned from lower echelons once resident in Brooklyn and the Bronx. In that context, perhaps it is not too far-fetched to visualize New York City at some point in the future cast in an evolving residential mold similar to Queens.

Economic and Employment Characteristics

The median family income for West Indian-headed family households in 1980 was \$15,645, compared to \$17,361 for native-headed families and \$9,681 for Dominican-headed families. In family households headed by women, West Indian families had higher median incomes than native families: \$10,971 compared to \$7,625. Again, Dominican families headed by women had the lowest median income, at \$5,933.

A smaller percentage of West Indian-headed families and a larger percentage of Dominican-headed families were receiving public assistance than were native-headed families; 6.7 percent for West Indians, 23.8 percent for Dominicans, and 14.7 percent for native-headed families.

TABLE 11
SELECTED ECONOMIC CHARACTERISTICS OF FAMILIES
IN NEW YORK CITY, 1980

<u>ECONOMIC CHARACTERISTIC</u>	<u>WEST INDIAN- HEADED</u>	<u>DOMINICAN- HEADED</u>	<u>NATIVE- HEADED</u>
Median family income	\$15,645	\$9,681	\$17,361
Median income of female- headed families	\$10,971	\$5,933	\$7,625
Families receiving public assistance income	6.7%	23.8%	13.3%

Source: U. S. Census Bureau, 1980 U.S. Census Public Use Microdata File; "Characteristics of New Hispanic Immigrants to New York City: A Comparison of Puerto Rican and Non-Puerto Rican Hispanics," compiled by Evelyn S. Mann and Joseph J. Salvo, Population Division, New York City Department of City Planning, 1984.

The relative economic strength of families headed by West Indian women correlates with employment patterns in that group. Many of New York's West Indian women are employed in the health care field, a growing service industry that provides stable income. In 1980, more than 30 percent of employed West Indian women were working as nurses aides, registered nurses or licensed practical nurses. Although the majority of these jobs were in the lower-skilled areas of nursing care, they were relatively high paying and stable compared to the jobs in which most non-West Indian female family heads were found.

There was no comparable occupational concentration among West Indian men.

TABLE 12

MAJOR OCCUPATIONS OF EMPLOYED WEST INDIANS AGE 16
YEARS AND OVER
(New York City, 1979)

FEMALES		MALES	
TOTAL	64,080	TOTAL	74,660
Nursing aide	12,640	Guard	2,200
Registered nurse	6,640	Janitor	2,080
Secretary	4,220	Taxi Driver/chauffeur	2,060
Servant, cleaner	3,400	Houseman	1,820
General office clerk	3,100	Auto mechanic	1,760
Maid	2,600	Manager, administrative	1,640
Welfare service	2,500	Nursing aide	1,620
Typist	2,020	Machine operator	1,560
Bookkeeper	1,900	General office clerk	1,480
Sewing machine oper.	1,860	Shipping clerk	1,440
Housekeeper	1,460	Accountant	1,340
Cashier	1,320	Carpenter	1,120
Data entry keyer	1,300	Assembler	1,100
Licensed Practical Nurse	1,260	Welder, cutter	1,040
Machine operator	1,220	Production supervisor	1,020
Other	16,640	Other	51,380

Source: U.S. Census Bureau 1980 U.S. Census Public Use Microdata File (Washington, D.C.: Census Bureau).

The Undocumented

The classification "undocumented" refers to non-citizens present in the United States who entered illegally or who violated their conditions of entry. Although adjustment to the numerical strength of the legal Caribbean immigrant population, nationally and regionally, needs to be made to account for the existence of undocumented persons, such an exercise is, for obvious reasons, immensely difficult. Historically, adjustments have relied on speculation rather than scientific methods. And, given the political volatility of the issue, particularly in recent years, official estimates have tended to be exaggerated.

Some measure of the size of undocumented Caribbeans can be obtained by estimating three things in progression: firstly, the total number of non-citizens recorded in census returns; secondly, the number of non-citizens legally resident in the nation on the date of the census; thirdly, subtracting the second figure from the first.

Needless to say, such an estimate warrants adjustment to allow for defects in data sources. Some defects regarding census returns have previously been referenced. Immigration Naturalization Service data-- the main source of statistical information on the legal resident, non-citizen population-- needs to be adjusted for under

registration and non-reporting of country of birth. Of course, the resulting figure would not capture undocumented persons who have evaded census-takers completely.

One such approach concluded that 2,057,000 undocumented persons were included in 1980 census returns; 75 percent (1,517,000) of them entered the United States during the 1970s and 46 percent (946,000) in the period from 1975 to 1980. The undocumented population increased between 100,000 and 300,000 annually, from 1980 to 1983. As a result, since 1980 the yearly increase of the undocumented population has been officially set at 200,000. (For details see "Estimating the Number of Undocumented Aliens," by Jeffery S. Passel in Monthly Labor Review, September 1986).

What is the Caribbean contribution to this phenomenon of the undocumented? From the point of view of statistics, although Mexico has been universally regarded as the principal contributor, the Caribbean has collectively made a mark. Table 13 provides data on undocumented aliens apprehended in New York City, in 1976.

Table 13

UNDOCUMENTED ALIENS BY COUNTRY OF BIRTH
APPREHENDED BY THE NEW YORK DISTRICT OFFICE,
INS, 1976.

<u>Country</u>	<u>Total</u>	<u>Country</u>	<u>Total</u>
Argentina	248	Asia	224
Barbados	135	Iran	105
Chile	172	Israel	189
China & Taiwan	431	Italy	208
Colombia	1,283	Jamaica	489
Costa Rica	118	Japan	101
Dominican			
Republic	800	Mexico	1,342
Ecuador	1,281	Nigeria	110
El Salvador	588	Panama	102
Ghana	111	Peru	332
Greece	509	Philippines	178
Guatemala	506	Poland	180
Guyana	368	Thailand	125
Haiti	623	Trinidad & Tobago	271
Honduras	295	United Kingdom	
All others	1,900	& Colonies	340

Grand Total 13,704

Source: U.S. Immigration and Naturalization Service, Memorandum of March 4, 1977. Quoted in Documented Persons in New York City, prepared by NYS Advisory Committee to the United States Commission on Civil Rights.

In effect, 20.5 percent of the apprehended group were Caribbean immigrants from six of the region's twenty-three constituent territories. Aliens from the English territories (1,283) accounted for 45.7 percent of the total, the Hispanic-speaking areas (800) 28.4 percent, Haiti (623) 22.1 percent, and Panama (102) 3.6 percent. The highest per territory number came from the Dominican Republic. Of course, these statistics must be viewed from the standpoint that Caribbean immigrants are concentrated in two cities of the United States, namely, New York and Miami. Thus, the New York City undocumented situation cannot be multiplied nationally.

The Caribbean undocumented evidently fill various categories. In the case of the Dominican Republic, it has been speculated that a significant proportion are illegal entrants who use Puerto Rico as a conduit to board "immigration-safe" flights to United States cities. The Haitian experience is different. While in recent years "boat people" refugees have come in increasing numbers, a large proportion of the Haitian undocumented comprise those who, once here, violate their conditions of legal entry. Although this latter trend largely explains the existence of the English Caribbean undocumented community, two additional factors come into play: one, the use of the United States Virgin Islands as a "safe passage," particularly by persons from smaller Eastern Caribbean

territories; two, the temptation offered to migrate workers to overstay their periods of legal employment.

There are no available statistics that would facilitate an estimate of recent trends regarding the Caribbean undocumented. What seems certain though is that the newly enacted Immigration Reform and Control Act, by threatening employers of undocumented immigrants with punitive sanctions and, in that way, restricting the illegal job market, will certainly raise a measure of doubt in the minds of potential travellers about the future prospects of an undocumented existence in the United States.

Immigration in the Future

Of course, migration from the Caribbean to the United States will continue legally or illegally. Migration is an international phenomenon which in the post-1965 era has assumed a particular character, momentum and drift essentially in response to a new directioning of the international flow of capital and, therefore, a need for a new pattern of labor division globally. Expressed differently, so long as foreign corporate capital continues to shift and dominate overseas economies, to inappropriately develop resources and dislocate the forces of indigenous labor, so then the thus-created unemployed, underemployed and unprofitably-employed will stand ready to

migrate to the very metropolis of international capital. That is both a fact of history and an economic reality of modern times. The manner in which the Caribbean community, in the region and in the United States, continues to face such a reality is a subject for further elaboration.

PART III.

REPORT ON SPECIFIC ISSUES

Economic Master Planning for the Black Immigrant Community

Introduction

Immigrants of African descent are a rapidly growing segment of the New York population. Like African-Americans, they face severe economic pressures and lack of economic muscle. Many of the new immigrants and a majority of those undocumented who will benefit from amnesty are at the bottom of the economic ladder. Yet some of these immigrants bring to the State of New York a wealth of entrepreneurial traditions and experiences. In international trade, the immigrants could be an asset to the State of New York in expanding trade and commerce with the Caribbean Basin and African countries and in creating businesses in their communities that could employ low-income people. Even under the present circumstances, there is already a trend toward immigrants playing an emerging role in distressed areas.

Specific efforts must be made to harness the energy and underutilized talents of people of African descent. This goal must be supported by a State led thrust to provide economic empowerment. The following economic master planning proposals are offered as a step toward economic development of the Black immigrant communities.

Small Businesses
Development of Minority Incubator Businesses

Because unemployment and underemployment in areas impacted by new immigrants contribute to high incidences of negative social and health indicators, there is a need to encourage and assist in the development of minority businesses in those areas and to help foster participation in the creation of incubator (new) businesses, including those that may be started in conjunction with economic development zones. There is a need to examine and research the impact on the minority business community in New York of the Federal set-aside program for minority-owned businesses and to recommend correctives in order to insure equity.

There is also a need to examine not-for-profit, labor-intensive businesses as a form of economic development. For example, public schools in the most depressed neighborhoods represent the largest payrolls in terms of numbers of workers and money. However, few if any of those dollars remain in the neighborhoods. What not-for-profit service field can immigrants of African descent expand and develop which is labor-intensive and can be located in their communities? Perhaps two areas to be considered are health/home care and food services.

Small Business Venture Capital

The new immigrants of African descent are handicapped in that they have not been able to develop the connections and lines of credit that immigrants from some other countries have accumulated. Most immigrants of African descent come from underdeveloped countries and therefore have limited sources of assistance in developing new business opportunities. Their enterprises have not had access to venture capital traditionally available to other small business firms.

A report of the Small Business Administration (SEA) Task Force on Venture and Equity Capital for Small Businesses (1977) noted that in the research and developmental and start-up stages of the life cycle of a new enterprise the average size of "equity financing" ranges from as low as \$100,000 to as high as \$750,000. The principal financing sources during these early stages are from personal investments of founders, individual investments by the founders and their associates, and private venture capital firms. Corporate borrowing from commercial banks was not identified as a principal financing source for small companies until the company had an equity base of approximately \$1 million, at which time revenue for such companies ranges from between \$2,000,000 and \$10,000,000. As a source of financing, insurance

companies do not traditionally enter into the financing picture until even later stages of growth.

It is imperative, therefore, that venture capital sources be created by New York State to supplement the early stages of equity financing, rather than supplementing the traditional lending sources, such as commercial banks. Existing programs only supplement what is needed by companies that are beyond the initial stages of growth. The State, therefore, must continue to explore alternatives to equity financing so that small start-up companies are not initially impeded by high debt-to-equity ratios that hamper growth and become a primary cause of failure. The State must become a risk-taker.

The State must also encourage risk-taking by its major investment banking firms. New York is the financial capital of the world. These firms must take the same risks and make the same financial commitment to minority entrepreneurs within the State as they do on a global scale with developing nations. The State should work to develop an association with participating investment banking and venture capital firms whereby they pool their monies to invest in minority corporations in economic development zones.

The important role of banks must be extended to international banking as well. Branches of foreign banks can be additional sources of capital, resources, and services for immigrants from their respective countries. Therefore, New York State must assist in the development of international bank branches from African and Caribbean nations. These branches can be an important link in promoting trade with New York State and in developing the economic empowerment of immigrant communities and entrepreneurs.

A State Initiative to Involve
Immigrants of African
Descent in International Trade

Immigrants of African descent, once involved in international trade, could be an asset to the State of New York when it attempts to expand trade and commerce with Caribbean Basin and African countries. Immigrants serving as representatives in the trading process can facilitate business transactions because of their familiarity with the language, customs and habits of the foreign business community.

Anything resembling the Reagan Administration's Caribbean Basin Initiative (CBI) would be catastrophic because it does not work and because it has been rejected by the people in that region. In its various aspects, the CBI plan promotes a lopsided relationship which deepens the economic dependency of these peripheral countries vis-a-vis the American market. The kind of developmental trade which would be beneficial to both the Caribbean nations and Black immigrants in New York State has not yet been conceptualized.

One option is for New York State to establish a pilot incubator program for import/export trade with African and Caribbean countries. This model program would be very much in tune with the "Rebuild New York" campaign, particularly

the effort to upgrade the import/export sector. A specially designed incubator of this type would help the New York Department of Commerce tap the potentially lucrative African and Caribbean market. This incubator could nurture a cadre of immigrant entrepreneurs. New York State must make a special effort to cultivate Africa and the Caribbean Basin as a new frontier for commerce, development and wealth accumulation.

Maximum Minority Businesses
Participation in the State

In its efforts to rebuild New York's economy, the State is attempting to ensure prosperity for all New Yorkers. To this end, the State enacted legislation, the Economic Development Zones Act, designed to provide incentives for the private redevelopment of certain targeted areas.

The Subcommittee on Economic Development and Finance of the Governor's Advisory Committee for Black Affairs is encouraged by this legislation as a beginning mechanism for creating community economic master plans. However, the development of long-term plans will require further State initiatives to ensure that people of African descent are neither displaced by the zones nor merely a source of cheap labor. They should also have an opportunity to start businesses in these zones.

Specific efforts must be made to harness the bulging energies and underutilized talents of New York's Black community, including immigrants of African descent. Accordingly, the following recommendations are offered:

- o The State should explore initiatives, including tax exempt and taxable financing, grants and state tax credits, to ensure the development of low- and middle-income housing adjacent to areas designated as economic development zones.
- o The State must become a risk-taker in the development and growth of minority-owned businesses. To this end, the State should explore alternatives to providing venture capital for minority-owned businesses located within economic development zones.
- o In the course of the Subcommittee's deliberations, the economic working group proposed the development of a consortium of Caribbean and American Black institutions in New York State for the purpose of assisting Blacks and their communities in participating in the proposed economic development zones.

An Action Plan: The Consortium Concept

In order to participate fully in the Economic Development Zone Act, the Afro-Caribbean community needs technical assistance in a variety of areas. A consortium of agencies and organizations could provide this assistance. For example, the Caribbean-American Chamber of Commerce, the Caribbean Trade Association, Medgar Evers College, Malcolm-King College, Bronx Community College and the Harlem Third World Trade Institute work cooperatively to offer job and management skill training as well as supply needed expertise in other areas.

The consortium would assist disadvantaged communities, populated by people of African descent, in preparing applications requesting inclusion in economic development zones. Monitoring participation by the Black community and appealing decisions that exclude that community would also be a function of the consortium. Once participation began, the consortium could supervise the exporting activities between economic development zones in America to Caribbean Basin nations.

A package of services would be made available to economically disadvantaged communities expressing an interest in participating in economic development zone activities. Whenever possible services would be

coordinated with those offered as part of State-sponsored activities.

So as not to be unwieldy, it was felt that a maximum of seven institutions should initially compose the Consortium. Malcolm-King College and Bronx Community College could be utilized to cover Manhattan, the Bronx and Westchester. Medgar Evers College could cover Staten Island, Brooklyn, Queens, Nassau and Suffolk counties. The University of the Buffalo and the Buffalo Minority Enterprise Center could cover the rest of the state. In addition, the Caribbean-American Chamber of Commerce and Industry and the Caribbean Trade Association, two Statewide organizations dealing with commerce and trade, could make available, on a subcontract basis, trade and commerce development services.

A central staff consisting of a director and administrative assistant would be responsible for interacting with State and county directors of the economic development zone program, as well as the subcontractors.

Considerable expertise, exists among the staff's advisory boards and boards of directors of individual consortia members. This expertise could be tapped to provide ongoing program planning, evaluation and leadership.

Cultural Concerns of the Immigrant of African Descent

Introduction

Communities of African descent are a substantial proportion of the population of New York State. To our multicultural society, they bring a wealth of cultural traditions rich in visual art, literature, food, dance, music, theatre and the culinary arts.

The cultural heritage of immigrants should be utilized to help them make positive adjustments to life in New York. The existing major arts institutions can assist in this adjustment process. The historically poor record of services provided by major cultural institutions to immigrants of African descent is reflected in the absence of administrators and artists, exhibitions presenting the culture of these immigrants.

Community-based organizations and individuals propagating the artistic aspects of these cultures are invaluable assets in enlightening the family of New York and should be utilized more widely.

Establishing community-based cultural institutions and arts education programs to assist in the documentation of the cultural heritage and creative expression of immigrants of African descent is of primary concern to the immigrant communities. In order to assure the social and cultural continuity of Afro-American communities, institutions

must be built which reflect the creativity and social and historical vision of immigrants of African descent. Programs accurately documenting and presenting creative expressions from an Afrocentric point of view will provide others with the opportunity to learn about the cultures and contributions of immigrants of African descent.

Problems That Need to Be Addressed

Since its inception as a commission in 1960, and as a permanent agency in 1965, the New York State Council on the Arts has not adequately promoted the development of community-based organizations reflecting the aesthetic expressions of immigrants of African descent.

In response to a coalition of artists of African, Asian and Latino ancestry, the Council created the Special Programs Division, which was established with a limited allocation of funds, to address the specific interests of "minority cultures" within the State. Unfortunately, its mandate has been broadened to the extent that funding allocations are inadequate to support the wide range of program requests. Consequently, little funding flows to the development of community-based Afro-Caribbean cultural institutions.

The diverse cultural makeup of New York's population warrants the promotion of various cultures as a means of reducing tension and hostility among groups. The severe problem of adjustment by immigrant public school and college-age students in City and State-run educational institutions is due, in part, to the unfamiliarity of teachers and students with the culture of the immigrant students. There is need for cultural education among immigrants and non-immigrants to promote and preserve mutual respect, better understanding and more cohesive communities.

Because there are too few community-based institutions embodied with the power to document and preserve the basic principles of art and culture in its many facets for immigrants, many of these principles are lost.

To alleviate this situation, videotapes, lecture series and presentations should be more readily available to community groups. Community-based artists should be involved in producing the materials and programs to be disseminated.

Recommendations of the Working Group on Art and Culture

- o Existing Caribbean community cultural institutions with a solid track record of presenting cultural aspects of the immigrants of African descent need support from the New York State Council on the Arts.

- o The culture and contributions of the immigrants of African descent need to be portrayed in the educational institutions of the State.
- o Mechanisms for the utilization of community-based cultural agencies should be established to promote the tourist and commercial benefits of the culture and arts of immigrants of African descent in New York State.
- o Community-based institutions, projecting the cultural contributions and artistic products of immigrants of African descent, must be mainstreamed.
- o State support should be given to community-based organizations that visually document and preserve cultural art forms by immigrants of African descent.

Plan of Action: THE FOUNDATION FOR THE PROMOTION OF ART
AND CULTURE FOR PEOPLE OF AFRICAN DESCENT

In order to stabilize the existing organizations and to assist in their growth and development, New York State should establish of a mainline institution to serve as a conduit for funds and technical assistance to programs that focus on the art and culture of immigrants of African descent. The Foundation for the Promotion of Art and Culture for People of African Descent is proposed to assist cultural institutions that advance Afro-centric cultural empowerment.

The Foundation would have a policy-making, coordinating and monitoring function, with direct links to the Governor's Office. The board of the Foundation would consist of representatives nominated by indigenous

immigrant institutions. Involvement in the Foundation's decision-making process and funding would not prevent participating organizations from competing for other funds.

General Guidelines Proposed for the Foundation's Operation

To ensure a more progressive and equitable representation of the creative endeavors of immigrants of African descent in New York State, the Foundation for the Promotion of Art and Culture for People of African Descent should be mandated to:

1. Ensure equitable representation of Afro-Caribbean experts in all State agencies funding the arts and education.
2. Have direct input into the development of guidelines for and selection of panelists and board members of the New York State Cultural Institute.
3. Develop a promotional and coordinating campaign to promote tourism associated with immigrants' cultural presentations.
4. Research, document and propose programs which would enhance the recognition of and increase funding to artists and institutions of African descent to better reflect the aesthetics of their cultures.
5. Allocate funds for institution building and the stabilization of institutions for immigrants of African descent. Grants would be awarded for a period of three years minimum and five years maximum based on the long-range operational plan of the organizations. Long-range significant funding to support the core operational and programmatic budgets of these organizations would stabilize programs and assure significant impact in the immigrant communities.
6. Establish fellowship grants to train arts administrators and artists. In addition, artists need resources to nurture their talents while giving

them access to institutions to exhibit their works.

7. Develop multi-arts centers to promote the creative expressions of immigrants of African descent. The rental and crew costs of existing facilities are too exorbitant for most artists and art institutions. It is necessary to develop centers with professional facilities, administration and overhead.
8. Set up technical assistance programs to provide artists and institutions with fund raising, computerization, administrative and managerial skills.
9. Develop special grants for the establishment and continuity of organizations documenting and archiving the cultural heritage of immigrants of African descent to accurately present and preserve it for future generations.
10. Establish Cultural Heritage Educational Programs for educational outreach.

Funding Recommendations

Because it will offer essential services to the community, the Foundation should receive funding not only from the New York State Council on the Arts but also from the Department of Education, the Department of Parks, the Division of Youth and other agencies.

Initially, the State should support the founding efforts with a \$2 million annual appropriation. Approximately \$150,000 would be earmarked for administrative and fundraising costs. The remaining sum would be spent on the proposed programs.

A Directory of Cultural and Arts Organizations in the
Community of Immigrants of African Descent

The New Muse Community Museum
1530 Bedford Avenue
Brooklyn New York 11216,
1-718-774-2900

The New Muse's organizational charter defines its mission as establishing a cultural institution in Brooklyn's Crown Heights section, a community of nearly 400,000 people of African descent. For over a decade, the New Muse has helped to place eclectic African-American and Caribbean experiences into a cultural and historical context. The institution offers special programs and workshops for the community's youth, families and senior citizens in the visual arts, dance, theatre, photography, music theory, vocal and instrumental instruction, creative writing and the martial arts.

843 Studio Gallery, Inc.
843 East New York Avenue
Brooklyn, New York 11203
1-718-771-4481

A not-for-profit cultural organization, 843 Studio Gallery was founded in 1981 to educate the Crown Heights community about the value of art in African, Caribbean and American culture by presenting programs which reflect the wealth of artistic achievements and common heritage of the

Black community. Its objective is to promote cultural pride by cultivating an appreciation for art and culture in Black youth and to involve the community in a greater understanding of the artists and their work.

843 Studio Gallery presents the work of contemporary Caribbean and American artists, issues a newsletter of cultural events, sponsors educational art programs for young people and the elderly and networks with organizations in support of the arts. The Gallery directs an Arts in Education program for youth to motivate creative thinking and learning through the arts.

The Video Center of Arts Performances in Theatre
(VIDCAPT) Inc.
134 West 32nd Street
New York, New York 10001
1-718-604-0178 or 1-718-778-2952

Founded in 1981, VIDCAPT Inc. produces and presents cultural, theatrical and educational works and performances and videotapes them for its archives. Artists and students use the videotapes to develop and hone their skills and techniques. VIDCAPT is involved in the following activities:

- o Services theatre and the arts in general by establishing and maintaining a videotape library of plays performed in theatres across the United States
- o Provides theatres, artists, audiences, and learning institutions with visual tools to be used as a reference for present and future needs
- o Preserves theatrical works of art by videotaping them and placing videotapes in a library or archive--where they will be properly treated and cared for under suitable conditions--to provide a permanent visual reference and record source
- o Offers theatre producers, directors, playwrights, actors, audiences and all who are artistically involved and interested in the craft immediate and meaningful visual feedback via the videotape
- o Promotes the theatre in our highly visual and electronic era by providing videotaped theatrical works as a teaching tool in a schoolroom environment, fostering educational discussion, visual study, and interpretation of the videotapes

- o Promotes theatrical genres as well as artists by providing the videotapes to be used in screening sessions devoted exclusively to an artist or genre
- o Emphasizes Black theatrical works written, performed, directed, or produced by Black artists or plays relating to Blacks or Black culture by prioritizing the videotaping of such works
- o Sponsors workshops, training sessions, symposia, lectures, and other educational endeavors in the field of the art of videotaping and explains its impact on the theatrical arts
- o Sponsors an annual Caribbean Cultural Heritage Week Festival which honors the outstanding achievements of Caribbean-Americans in the arts and entertainment, education, business, and in civic and humanitarian causes

Other Arts and Cultural Organizations

Association of Caribbean-American Artists

Caribbean Meeting Consultants

Caribbean Theatre for the Performing Arts

Marie Brooks Caribbean Dance Theatre

Rickey Production, Caribbean Cultural Association

Schomburg Center for Research in Black Culture

The Caribbean Cultural Center

Immigration Reform and Amnesty

Introduction

A sizeable portion of New York's Caribbean population are undocumented immigrants. Consequently, over the past twenty plus years the immigrant community of African descent has been in the vanguard of the struggle for the development of a sound and just immigration reform consistent with America's humanitarian values and democratic ideals. The Immigration Reform and Control Act (IRCA) signed into law by President Reagan on November 6th, 1986, presents new opportunities and challenges to this community. This law will directly affect undocumented immigrants of African descent, who will need assistance to efficiently and effectively make the necessary status adjustment transaction under law and to be protected from possible discrimination generated from this new law.

Accordingly, immigrant community-based agencies desire to participate in the implementation of the legalization and employer sanction provision of this new law as well as continue their traditional role in assisting their constituents to adjusting to their new environment and to becoming self-sufficient. However, these organizations are vehemently complaining that, with regards to the new law,

they have been excluded, and that preference is unfairly given to national, religious, and legal organizations.

These agencies should be supported to provide critically needed immigration-related services to their constituents. Hence, it is recommended that the health, education, and social service proposals outlined in this document be funded out of a 20 percent set-aside from the one hundred million dollars that will come to New York State. Further, at least a third of the block grant funds should be directed to communities throughout the State with a concentration of immigrants of African descent.

New York State Department of Health, Social Services and Education will be receiving approximately \$8 million each in Federal funds associated with the 1986 Immigration Reform and Control Act. The issues discussed in this report point to the need for the State to make a serious resource commitment to community-based organizations for the provision of services to immigrants of African descent. The areas in New York State which currently demonstrate the greatest need for services and which are also heavily concentrated with new immigrants of African decent are Northcentral Brooklyn, Southeast Queens, Northeast Bronx,

Central Harlem, Mount Vernon, areas in Buffalo, Syracuse and Rochester, and parts of Nassau and Suffolk counties.

Recommendations:

- o New York State Department of Health should allocate a minimum of \$6 million for the provision of health and health-related services to those identified areas of the state that are heavily concentrated with new immigrants of African descent. This allocation should be made through RFP's designed for Black community-based organizations with histories of providing services to immigrants of African descent.
- o The State Department of Education should allocate a minimum of \$6 million to community-based educational institutions and organizations that serve large populations of new immigrants of African descent. These funds should be disseminated through RFP's designed for Black community-based organizations with histories of providing services to immigrants of African descent.
- o The State Department of Social Services should allocate a minimum of \$6 million to fund the network of immigrant assistance centers in those identified areas that are heavily concentrated with new immigrants of African descent, as discussed in this report.

Considering the magnitude of demographics of this population (as outlined in part IV) and the impact that the IRCA will have on communities of African descent in New York, these recommendations are fair and cannot be viewed as affording special treatment to particular populations, since the proposed response to the needs of the Afro-

Caribbean community will also result in an improvement in the quality of life for all New Yorkers.

Problem Statement

In view of the legalization provisions of the 1986 Immigration Reform and Control Act (IRCA), it is anticipated that the service delivery systems will become more accessible to a new wave of persons who previously had no access to such services as housing, health, employment, social services, education, and equal protection under the law. Therefore programmatic initiatives are required to effectively and efficiently absorb these groups into the service delivery system.

However, access to public services and entitlements is problematic for this population. In attempting to access these entitlements, immigrants will encounter difficulties due to the restrictive, discriminatory and punitive entitlement practices and due to the new immigration law-- its systematic alien verification of entitlement provision requires states to verify the status of aliens who apply for entitlement benefits.

There is a clear danger of deportation for immigrants choosing to exercise their entitlements. For example, if an immigrant who is eligible to entitlement benefits uses these benefits within five years of being in the country, this immigrant can be deported under the public charge

clause of the excludability section of the immigration law. It is because of these circumstances that immigrants often forfeit entitlement benefits and are fearful of exercising their rights. Furthermore, there is widespread confusion and ignorance on the part of service providers with respect to basic entitlement issues such as:

- o Who are aliens in the U.S. "under color of law?"
- o What government programs are available to immigrants?
- o What documents are needed for legalization and entitlements?
- o What categories of immigrants are eligible for entitlement benefits?
- o What are the laws and agency regulations governing each entitlement?
- o What are the dangers and consequences of receiving entitlement benefits?

The lack of data on undocumented immigrants presents a major obstacle to planning and delivery of services to this group. Furthermore, since formula grants are determined by population statistics, a reliable body of information on this population is required for rational discussion on the impact of the legalization on service delivery systems, and for subsequent formulation of policies and programs to respond to the needs of this population.

Many immigrants cannot avail themselves to legal and social support services to meet their needs, hence they are left to grapple with a number of adjustment problems on their own, which, if not addressed, increase the likelihood of their becoming a burden on the community, and impact negatively on society as a whole--in legal, sociological, psychological and economic ways. The provision of adjustment support services is crucial to immigrants considering that the immigration experience includes disruption of established lifestyle patterns and therefore fosters conditions that are conducive to immigrants' maladjustment into their host community. These conditions are compounded by institutionalized hostility towards immigrants, language barriers, cultural differences, isolation from traditional kinship ties, and stressful transitional changes required for adaptation into a new social milieu.

These issues are compounded by the potentially negative consequences of the IRCA. For example, many are skeptical about this law since only a small fraction of the undocumented will be eligible to gain legalization, while all immigrants and refugees will suffer from increased Immigration Naturalization Service enforcement and job discrimination. The employer sanctions provision essentially institutionalizes a two-tiered system of employment designed to marginalize immigrants and ethnic

groups. In this context, the New York Coalition for Immigrant and Refugee Rights observes the following implications of the law:

- o Employers increased ability to intimidate and exploit undocumented workers. While employers will continue to rely on undocumented labor, given the realities of who is prepared to take restaurant, sweatshop and agricultural jobs, the fact that the employer sanctions exist will be more of a threat to hold over the heads of these workers.
- o The bill nearly doubles funding for INS enforcement, and employer sanctions institutionalize a new level of INS scrutiny of the workplace and in the community.
- o Institutionalizes and mandates discrimination toward legal immigrants. Ironically, the so-called anti-discrimination provision of the bill includes a provision which declares that employers can prefer U.S. citizens over legal immigrants if the two are equally qualified.

A crucial problem area revolves around the provision of competent and honest legal services to assist the prospective status adjustment applicant. Many of these applicants will be confronting a new legal situation with an adjustment system that has not been tested in the courts, regulations that are not yet finalized, and a new law that has numerous grey areas. Therefore, these applicants will require legal assistance to facilitate their status adjustment.

In view of these circumstances, immigrants as well as community-based organizations serving immigrants need

governmental support to participate in the implementation of the provisions of the IRCA.

The undocumented live in an atmosphere of constant fear of deportation and cannot avail themselves of legal protection nor of access to social support systems. The restrictive nature of United States immigration and nationality laws allows for family unification, which is usually the only alternative for undocumented immigrants to legalize their status. Consequently, these immigrants experience excruciating hardship in attempting to legalize their status.

The legal aspects pertaining to the employer sanctions and status adjustment provisions will have an overall negative and discriminatory impact on immigrants and ethnic groups. The limited period of one year to apply for status adjustment will be crucial to the timeliness of submission of applications. Hence, there is a need to ensure timely legal intervention, where warranted, to spare applicants from discrimination, and exclusion, and deportation. This intervention will aid applicants filing and processing the necessary motions and defense that will facilitate their status adjustment. In this context, State-supported Immigrant Assistance Centers are proposed to provide the mechanisms to assist status adjustment applicants.

Agencies providing services to immigrant/ethnic populations need to be familiar with the immigration experience, language, values, and cultural patterns of the group served. To this effect, the Community Council of Greater New York's recent research study findings on "Ethnic Association and Services to New Immigrants in New York City" indicated that ethnic associations serve as a traditional socializing and organizing base for their immigrant constituents, and are best suited for delivering services to those immigrant communities in collaboration with human service delivery systems.

Conference Resolutions

The Subcommittee's working group on immigration explored the issues associated with immigration, immigration reform and amnesty. Discussions about them culminated in the dialogue that took place on April 4, 1987, at The Workshop on Immigration, sponsored by the Medgar Evers College Caribbean Research Center. Reports on and discussions around the workshop's theme, "The Amnesty Bill and Its Implications for the New York State Caribbean Community," addressed concerns in the Haitian, Panamanian, Hispanic and English-speaking Caribbean immigrant communities in New York State. Specific issues were raised, and the following resolutions were passed:

1. Be it resolved that there be direct contact between the Caribbean Action Lobby (CAL), the Haitian Centers Council, the Latino Immigration Network, and the Immigration Reform Coordinator for the New York Region of Immigration and Naturalization (INS), to clarify the implementation of the legalization process. The Society of Foreign Councils of New York should be included in that discussion.
2. Be it resolved that New York State be considered a sanctuary state and that all elected officials work toward this goal; that there be an extension of the legalization process beyond one year; that elected officials fight for increased health and Social Security funds from New York State and New York City that are targeted to deal with problems that will arise out of the implementation of the amnesty law.

3. Be it resolved that elected officials support proposals for the development of legal services to serve as a buffer between undocumented immigrants and the INS Processing Center. Secondly, that funds be appropriated to subsidize the application fee and legal advice for all undocumented immigrants that apply to the legalization program.
4. Be it resolved that Governor Mario M. Cuomo sign an Executive Order of non-discrimination against undocumented residents of New York State, and inform all public agencies in New York State not to divulge information concerning the legal status of immigrants to the INS.
5. Be it resolved that the Federal government provide an adequate level of funding for a massive information campaign highlighting the Simpson-Rodino law and its implementation.

Recommendations of the Working Group on Immigration

Keeping in mind the concerns cited above in regard to the new immigration reform legislation, the Subcommittee on the Immigrant Community of African Descent recommends the following:

- o That the immigrant community of African descent, in the form of existing social service, health, and legal assistance networks, be involved in assisting the State of New York in implementing new legislation.
- o That Immigrant Assistance Centers be established in the boroughs of the Bronx, Brooklyn, Manhattan and Queens. To the extent that Immigrant Assistance Centers are established, that they be utilized as locations to which potential amnesty aspirants go for pre-screening and assistance. Any process utilized should have a pre-screening mechanism to prevent the amnesty provision from being used to deport people.

- o That Immigrant Service Centers be established to assist in meeting the expected increased need for services as the recipients of amnesty now come forward and begin to seek services.
- o That a program of universal access to health and social service care be established in existing community health centers in the largest areas with a history of cultural sensitivity. These sites, when identified, will provide access to health care, outreach and referral for other services for the new immigrant.
- o That a massive community education campaign, sponsored by educational institutions, community health centers, social service agencies, and community organizations be conducted in areas that are highly impacted with immigrants of African descent.
- o That a consortium of institutions, including the Caribbean Research Institute of Medgar Evers College and the State University of New York African-American Institute, be involved in additional research on the impact of the amnesty legislation on the immigrant community of African descent.

Health Issues Among Non-Hispanic Caribbean
Immigrants in New York

INTRODUCTION

The research available on the health problems of newly arrived Black immigrant groups supports the contention that these immigrants suffer from the same problems as native-born, socioeconomically disadvantaged people. There are specific cultural determinants of illness and health care, however, that affect the utilization of health services by Black immigrants, and ultimately, their health status.

The common health problems of immigrants are familiar in the sense that they have been described before. The problems are new, however, in that providers of health care in New York may have little experience with them (e.g., in developing countries certain infectious diseases occur with more increased prevalence and incidence than in the United States, or more specifically than in the Northeast region of the U.S.). The nature of health and illness, and the resultant care-seeking behavior, are culturally influenced. A lack of appropriate health education and a cultural tendency toward self-treatment often contribute to immigrant groups' reluctance to seek health care (Alleyne 1985).

This section of the report deals with health problems of non-Hispanic Caribbean-Americans and the problems they encounter in relation to health service delivery. The information presented here is based primarily on data from published and unpublished studies and papers that have included Caribbeans or Caribbean-Americans as a subsample of the study populations and from papers presented at two health conferences convened by the Caribbean Women's Health Association for the purpose of assessing the health status of this growing population in New York City.

Synthesis of the literature reveals that: (1) few studies have been conducted on the health status of this population group, (2) certain illnesses and diseases are prominent among this population, although this fact is not commonly recognized and (3) the problems of health service delivery and a shortage of Caribbean-Americans among the health policymakers are related.

The literature search conducted in order to prepare this report revealed that there has never been a local study including a meaningful survey regarding Caribbean-Americans' health problems. Very few systematic, empirical studies have been conducted on this population group. There is a general lack of knowledge about the health status of Caribbean-Americans on the part of health service providers and policymakers. Caribbean-Americans are not a monolithic group, as the term implies. The non-Hispanic

Caribbean countries include Jamaica, Haiti, Trinidad and Tobago, Guyana, Panama, Barbados, Grenada, St. Vincent, Antigua-Barbuda, Dominica, the Bahamas, Aruba, St. Kitts-Nevis, St. Lucia, and Curacao.

Analysis of the available data on Caribbean-Americans is made more difficult because of factors such as regional/geographic and socioeconomic differences, in addition to distinctly different ethnic groups. These factors make generalizations extremely difficult. This fact must be kept in mind since much of the information in this section is based on data from the larger Caribbean countries and the Eastern Caribbean region. The social structure of contemporary Caribbean societies is historically rooted in slavery, plantations, and colonialism. Each island society has its individual identity; however, the experiences that these societies shared in their early formations have resulted in a certain homogeneity among the islands. Furthermore, there are deep divisions within the West Indian societies stemming from class, color, and racial differences (McLaughlin, 1985).

Selected Health Issues Among Caribbean-Americans in New York

Research reveals that specific health problems are prominent among Caribbean-Americans. Cervical and breast cancer among Caribbean-American women is one example. In

addition, the reproductive health experiences and maternal child health status indicators are poor in this population. Furthermore, mental health problems have emerged as a critical health issue for newly arrived Caribbean immigrants. More research needs to be conducted to explore the reasons behind these findings, which have tremendous implications for health education and health service delivery.

Cancer Prevention

Cancer of the cervix is more common in many Caribbean countries than in the U.S. Although there is no evidence that cervical cancer is more common in Caribbean immigrants than in U.S.-born Black women, when cancer is diagnosed it is in a more advanced stage in low-income women. Haitian women are most likely to be diagnosed with advanced cervical cancer. Low-income Caribbean immigrants are less likely to have had Pap tests than U.S.-born Black women, with Haitian women having particularly low screening levels (Fruchter et al. 1985).

Breast cancer is another major problem among Caribbean immigrants. Thirty-six percent of U.S.-born Black women, 38 percent of English-speaking Caribbean women, and 64 percent of Haitian women in a community screening program in Brooklyn, New York, had never practiced breast self-examination. The data on breast cancer among immigrants is limited, but it suggests that preventive health practices

are less common in the low-income immigrant community than in the U.S.-born Black or white community (Fruchter et al. 1985).

The Fruchter study identified the need for preventive health services and health education in low-income immigrant communities. Because women who need the services may face considerable barriers in achieving access to regular health services, special outreach programs are needed for low-income immigrants. Important resources for Caribbean immigrants are their social, cultural, and religious organizations. Collaboration with these organizations for the delivery of preventive health services may be the most effective strategy for addressing the problem of breast and cervical cancer in this population.

Family Planning Needs

Although birthrates are generally low in the Caribbean region (ranging between 16 and 30 per 1,000 in 1984), it appears that adolescent pregnancy and childbearing have become an increasing problem. In New York City (1980-1984) more than 16 percent of births to Caribbean females were to adolescents, a figure nearly three times the percentage of adolescent births to U.S.-born whites, 4.6 percent (Chavkin et al. 1985).

A major study published by the International Planned Parenthood Federation, "Teenage Pregnancy in the Caribbean," reported the following findings. Teenage pregnancies in the Caribbean region are unplanned, and teenage fertility is generally higher among the working class. Adolescents generally learn about sexuality, sex, and contraceptives from their peers, and many Caribbean teenagers first have sexual intercourse around age fourteen. It is commonly perceived that the frequency of intercourse is directly related to becoming pregnant. The study concluded that the conventional explanations for adolescent pregnancy do not apply to the Caribbean teen; most become pregnant because of naivete and ignorance. Observed levels of teenage pregnancy in the region are not the result of promiscuity but of the desire to engage in sex as part of a loving relationship. In the Caribbean, misinformation about contraception is more prevalent than knowledge about it, and most girls, once pregnant, decide to keep their babies.

With regard to the family planning needs of the Caribbean immigrant, there are three primary considerations: (1) knowledge, attitudes, and behavior, (2) adolescent sexual and family planning behavior, and (3) the attitudes of men toward family planning.

Judging from research studies conducted in the Caribbean, most people from the Caribbean know of at least one method of family planning. There is a tremendous gap, however, between knowledge of family planning and the practice of family planning (Hossein 1985).

Approximately 35 percent of births to Caribbean women in New York City (1980-1984) were to women over age thirty (Chavkin 1985). The ideology of male dominance, common in the Caribbean, is directly related to Caribbean societies acceptance of multiple relationships, particularly for men, and sets the context for contraceptive behavior. Common to the region are births to single women, single-parent households, and the absence of financial support from fathers. The male/female relationship is embedded in a male dominance that is critical to understanding why Caribbean women often do not use effective methods of contraception (Hossein 1985).

Maternal Child Health Indicators

During the period 1980-1984, first generation Caribbean immigrants contributed almost 22 percent of all New York City single-live births. During this period both Hispanic and non-Hispanic Caribbeans had annual increases in the number of births, while the number for both U.S.-born Blacks and whites remained unchanged (Chavkin et al. 1985).

Over 8 percent of non-Hispanic Caribbean births were to adolescent mothers, nearly twice the percentage to U.S.-born whites. More than 35 percent of births to non-Hispanic Caribbean women, in contrast, were to women over the age of 30 years. It is well-known that maternal age is a risk factor for pregnancy outcome. High parity, having five or more children, also increases the likelihood of poor pregnancy outcome. Among non-Hispanic Caribbeans the percentage of births to high parity mothers was nearly twice that of U.S.-born whites (Chavkin et al. 1985).

Low socioeconomic status (in this case measured by financial coverage) was particularly common among the Caribbean immigrant population from 1980 to 1984. More than a quarter of non-Hispanic Caribbean and one-half of Hispanic Caribbean mothers paid for their delivery with Medicaid, compared to less than 10 percent of U.S.-born white mothers. Non-Hispanic Caribbean mothers had the highest proportion of "self-payers" (14.4%) of all mothers, including U.S.-born women of all racial/ethnic groups and Hispanic Caribbean women (Chavkin et al. 1985). This "self-pay" category is often considered a "no-pay" category and includes undocumented people who are ineligible for Medicaid, or persons whose incomes are too high to qualify for Medicaid but not high enough to pay for private insurance.

Nearly 8 percent of non-Hispanic Caribbean births were low birth weight, which is the single greatest contributor to infant mortality. The relationship between prenatal care and positive pregnancy outcome is well-documented. Nevertheless, in 1984, 22 percent of non-Hispanic Caribbean mothers received late or no prenatal care compared to 7.1 percent of U.S.-born White mothers (Chavkin et al. 1985).

Between 1980 and 1984, non-Hispanic Caribbeans had an infant mortality rate of approximately 14.2 percent, second only to U.S.-born Blacks. The infant mortality rate associated with educational attainment was 15.8 per 1,000 live-births for non-Hispanic Caribbean women who had completed high school--the second highest, preceded by U.S.-born Blacks. The infant mortality rate associated with late or no prenatal care was also second highest (18.6 per 1,000 live births) for non-Hispanic Caribbean women, preceded only by U.S.-born Blacks. Furthermore, the maternal mortality rate for non-Hispanic Caribbean women was 4.5 per 1,000 live births, preceded only by U.S.-born Blacks. Thus, non-Hispanic Caribbeans had the second highest infant mortality and maternal mortality rates in New York City (Chavkin et al. 1985).

The Caribbean Women's Health Association convened a focus group to provide information on specific barriers to obtaining prenatal care and on prenatal service delivery problems that affect Caribbean immigrants. The focus group consisted of immigrant clients of prenatal care services in Brooklyn. Analysis of the information the group provided clearly showed that barriers to receipt and delivery of prenatal and perinatal care services to Caribbean immigrants are legal, financial, cultural, educational, communicative, and institutional. More specifically, the following barriers were described:

- o fear of detection on the part of undocumented women
- o risk of deportation if immigrants who are documented use entitlements, i.e., Medicaid
- o inability to pay for care because of lack of employment or low income
- o a cultural tendency to rely on self-management, home remedies, and self-treatment such as teas and herbs
- o health beliefs related to pregnancy
- o lack of knowledge of, or unfamiliarity with, existing and available prenatal services
- o lack of information and outreach targeted for Caribbean women in particular
- o lack of understanding of the importance of early and continuous prenatal care by some Caribbean women
- o language barriers, particularly Creole and Spanish

- o lack of familiarity with the historical, cultural, and reproductive health care experience of Caribbeans in their home countries
- o exclusive reliance on Western methods of treatment and care by providers, negating the value of folk health practices, self-treatment, and/or home remedies
- o poor referral mechanisms
- o weak linkages between existing health care delivery systems and community/immigrant organizations

The client respondents felt that the issue of financial access was particularly critical with regard to their prenatal care. They expressed dissatisfaction with the long waiting periods in clinics and hospitals, the immediate request for payment before care, the lack of case management, and negative provider attitudes in some facilities.

Occupational Hazards

Other health problems stem from occupational hazards faced by Caribbean women, particularly in the non-union domestic services and manufacturing industries (Mason 1986). The long hours, minimal pay, and poor working conditions (e.g., heat from machines, poor ventilation, inhaling dust, etc.) have already been documented in the manufacturing industry. There are no data to show the incidence of illness caused by the use of industrial chemicals and fatigue. However, the occupational diseases

related to the manufacturing industry are well-known and affect the high proportion of Caribbean-American women who work in these occupations. Thus, it can be assumed that occupational hazards cause major health problems for Caribbean-American women. No studies have been conducted to help plan for services or to understand this problem. Furthermore, the low wages and lack of health insurance associated with these occupations affect the access to health care services for Caribbean immigrants.

Mental Health

Many of the mental health problems described in the literature on Caribbean-Americans are not limited to specific illnesses and identified psychiatric disorders. They also include problems that result from societal ills, such as the experience of alienation, or fear, depression, and anger associated with poverty. They also include the sense of powerlessness and frustration that results from institutionalized racism and discrimination, as well as the psychological and emotional stress resulting from physical, emotional and social disability.

In addition, problems which are a result of lifestyle, value system, language, and thought processes can have a negative effect on a person's mental state. Problem-causing factors identified by Caribbean-American

health professionals include: (1) racism, (2) underemployment and unemployment, (3) maladjustment and stress, and (4) psychological isolation and alienation.

Caribbean immigrants are at particular risk of developing mental disorders. Primary risk groups are children, adolescents and the elderly. Children of immigrants find themselves caught between two cultures. Often what is taught and practiced in the home is contradicted in school, or in the community. This may result in conduct disorder or learning disabilities. Many adolescents who migrate from the Caribbean to New York were separated from their parents in early childhood and reared by grandparents or other relatives. They immigrate to a new environment that often lacks strong emotional and social support systems. Finally, the elderly, who have traditionally headed families in the Caribbean, migrate and find their movements limited by language difficulty and/or their inability to commute alone outside of their immediate environments. They find themselves in a role reversal, dependent on youths to guide them through a system completely alien to them (Antoine 1985).

Spirituality and Folk Medicine

Providers of health services to Caribbean families, particularly mental health services, have often overlooked any aspect of spirituality and folk medicine expressed and

practiced by Caribbean Black clients because of a lack of training and understanding of the meaning of this cultural practice in their clients' lives.

Spirituality is commonly defined as an energy, a drive, a life force within an individual. Folk beliefs and spirituality are deeply embedded in the coping mechanism of Caribbean culture. The embodiment of spirituality is usually found in organized religious bodies through ministers, healers, herbalists, spiritual advisors, "obeahmen," etc. (Headley-Knox 1985).

In the area of health, treatment methods offered by these persons include herbs, roots, religious rituals, and faith healing, depending on the cause of the specific problem. In most cases the cause centers around perceptions of "good" and "evil." Provider issues include: (1) assessing the client's sources of hope and strength, (2) understanding the relationship between spiritual beliefs and health, and (3) adjusting attitudes. In this regard, the role of the provider is to understand the client's condition and to use resources, which might include a minister/faith healer, to strengthen the coping mechanisms of the client (Headley-Knox 1985).

Folk health practices are common among Caribbeans in New York, regardless of their class status or their level of education. Often the use of folk medical practices is

directly related to traditional religious beliefs. Voodoo and Santeria are two of the strongest African-preserved religions in the Caribbean. Other African-derived religions in the Caribbean include Nago and Changa in Trinidad and Tobago and Kumina in Jamaica. All have practitioners in New York City (Frank 1985).

Caribbean folk medicine classifies illnesses into two categories: secular, resulting from natural causes, and sacred, illness which is supernatural in origin, either caused by occult powers or spiritual in origin. Natural illnesses, such as colds, are often treated by an herbalist, while illnesses resulting from supernatural causes are cured through religious rituals and practices. Approximately 600,000 people, the majority of whom are Caribbean, practice some form of African-preserved religion in New York City. Most use some kind of folk medicine, particularly as an alternative to hospital-based care. Folk health practitioners tend to be more culturally sensitive to their problems (Frank 1985). There is a need to consult with folk healers, particularly in treating mental illness among Caribbean immigrants.

Health Service Delivery

Ethnic concepts of disease and illness in clinical care are culturally influenced and have a substantial impact on health care, particularly with regard to patient compliance, the effects of using various sources of care,

and the management of culture-specific syndromes. The relationship between health and cultural/ethnic issues surrounding the delivery and acceptance of health care in Caribbean immigrant communities is important. Therefore, it is necessary to view community systems as complementary and supplementary to the formal health care system or biomedical model (Korin 1985).

The vast majority of English-speaking Caribbean immigrants are from the lower/middle classes. They are black and brown, and among Black people, folk medicine, obeah, and other forms of folk healing are considered important. They bring these beliefs and practices with them when they migrate, particularly Caribbean immigrants in New York who retain their culture because they are integrated into a social network dominated by family and friends from their home countries. Furthermore, many travel to and from the Caribbean on a regular basis, therefore retaining a biculturalism that influences health attitudes and behavior and the use of health services (McLaughlin 1985).

Significant issues for providers in developing practical approaches for delivery services to the Caribbean immigrant community are: (1) the perception and meaning of health and illness, value systems, health beliefs and practices of both providers and communities, (2) a familiarity with and understanding of issues and

interactions between the popular, folk and biomedical sectors of the health care delivery system, (3) understanding the relationship between the Caribbean community and the health care system in order to implement culturally appropriate health care and, (4) increasing the institutionally-based knowledge of the specific needs of the Caribbean immigrant population (Korin 1985).

Health Services: Delivery, Access, Utilization

In terms of service delivery, among Caribbean-American communities utilization rates are lower than that of U.S.-born Blacks who reside in the same geographic areas. A study of health care services in Caribbean communities in New York City conducted by Dr. Waldaba Stewart in 1985 found that there is no shortage of hospital beds or ambulatory care facilities in predominantly Caribbean communities.

In South Queens, the availability of in-patient hospital care is evidenced by the operations of Mary Immaculate Hospital, Queens Hospital Center, Elmhurst Hospital, and Jamaica Hospital. These in-patient care facilities are augmented by a network of primary health care centers, for example Project Prime in Far Rockaway. In addition, there is the Queens Health Services Center and an ambulatory care facility operated by Queens Hospital Center.

Dr. Stewart also found that in North and Central Brooklyn, where there is perhaps the largest concentration of Caribbean immigrants, the availability of in-patient and ambulatory care is even more astounding. This community is served by Woodhull Hospital and Mental Health Center, Kings County Hospital, and Coney Island Hospital. These public facilities provide services to the population regardless of ability to pay. In addition to these municipal hospitals,

there are six voluntary institutions: Wyckoff (Bushwick /Greenpoint area), Brooklyn Hospital (Fort Greene), Interfaith and St. Mary's Hospitals (Bedford/Crown Heights), Brookdale Hospital (East New York/East Flatbush), Baptist Hospital (East New York), and, finally, SUNY Health Science Center in Brooklyn. These facilities are augmented by numerous ambulatory care centers including Cumberland Neighborhood Family Care Center, St. Mary's, Bushwick health centers, Coney Island Health Center, the Mid-Brooklyn Health Association, East New York Family Care Center, and Brownsville and Bedford-Stuyvesant health centers. In all, approximately thirteen ambulatory care facilities are located in the areas in Brooklyn where Caribbean immigrants are concentrated (Stewart 1985).

The largest concentration of Caribbean immigrants in Manhattan resides in Harlem. Harlem Hospital and two other in-patient hospitals whose services are supplemented by the Harlem Primary Care Network, NINA and Settlement House, and a range of other community health facilities, offer primary care service to immigrants in Harlem. In the Bronx, similarly, a range of municipal and voluntary hospitals and a mix of ambulatory care centers provide services to Caribbean immigrant communities in that borough (Stewart 1985).

Thus, Stewart's analysis found that the availability of in-patient and primary care services is not a problem in

Caribbean immigrant communities. More important is the issue of utilization, specifically the underutilization of both in-patient and ambulatory care by immigrants in the context of an oversupply of hospital beds and an abundance of health centers. Again, prohibiting cultural factors are reliance on folk medicine, lack of orientation to preventive health, lack of information and health education, fear of deportation by the undocumented, the absence of culturally sensitive providers, and an inability to pay owing to low income or unemployment. These barriers and other factors influence health care seeking behavior and contribute to the gross underutilization of health services by immigrants. Therefore, there is a clear need for State policy and programmatic initiatives to address this issue.

Conclusion

While New York State continues to maintain a responsible, high-quality, accessible, and affordable health care system for all New Yorkers, certain segments of the population require more targeted approaches. The Governor's Advisory Committee for Black Affairs has assessed the status of Black New Yorkers in a variety of contexts. This Committee has documented continued disparities between Blacks and other New Yorkers with regard to health status in every phase of the life cycle from infancy through the elderly years.

Immigrants from the Caribbean and Africa are rapidly growing segments of the population in New York. The immigration phenomenon has serious implications for the State's health care delivery system. Immigrants experience severe adjustment problems and face serious socio-medical and cultural barriers when trying to access health care services. They also remain basically underserved. There is an urgent need to increase awareness among City and State health care service providers about the crucial issues which affect the health care needs of immigrant groups. These issues are of grave public concern and highlight the need for programs and bold policy initiatives to address them.

Analysis suggests that this population primarily utilizes obstetrics, pediatrics and out-patient services. However, in the areas where large cluster of Caribbeans reside the statistics are alarmingly poor. Certain barriers make health services inaccessible to the Caribbean population, resulting in their reliance on emergency rooms and inconsistent clinic visits, or sporadic care. These barriers include language, fear of deportation among the undocumented, culturally-based tendencies to rely on folk health practices, lack of orientation towards preventive health care, financial constraints resulting from unemployment/low income or lack of insurance, and cultural incompatibility of services. With regard to maternal child health, limited health education and lack of targeted outreach are particularly problematic for Caribbean women.

The Subcommittee reached out to organizations with expertise in the planning and provision of health services for the Caribbean-American community, specifically the Caribbean Women's Health Association, Inc. and the Greater Brooklyn-Queens Primary Health Care Network.

Some of the reported differences in the health status of diverse populations are a result of the limited effectiveness of past information diffusion efforts, developed with insufficient understanding of the cultural diversity among New York's minority populations. Diffusion strategies aimed at ethnic and cultural minority groups are

likely to be more effective if they are planned and implemented at the local community level. It is clear that minority communities do not want to be told by an outside change agent what their problems are and how to solve them. What they do want is funding and technical assistance to identify their own problems and to develop their own culturally relevant methods for solving them (Lythcott 1986).

Recommendations

In response to these identified problems, the Subcommittee on the Immigrant Community of African Descent recommends the following:

Research

There is a need for State-supported research projects to generate crucially needed data on the health status of Caribbean immigrants in New York. The lack of data is a barrier to adequate and effective policy formulation and programs to respond to the needs of the community.

Training

Cultural sensitivity is needed at all levels from admission and reception to policy-making given the multicultural and multilingual characteristics of the population. Institutionally-based expertise about cross-cultural issues and culturally compatible services is essential in serving immigrant communities. The New York State Department of Health should contract with ethnic organizations for technical assistance in cross-cultural training for providers and should develop ongoing mobile training modules/seminars on delivering culturally compatible health services.

Outreach

Consistent with the New York State Department of Health's commitment to provide technical assistance to organizations there should be a concerted effort to reach out to Caribbean organizations to provide technical assistance and support. This would strengthen the capacity of these organizations to bring services to their communities. Specifically, this will require management training and increased and targeted funding.

Financial Access

The New York State Department of Health has taken the leadership through its PCNP grants, which increase access to prenatal care for undocumented and low-income women. However, the funding available through this program is inadequate given the fact that poor women and children tend to reach health clinics with more complicated problems because of inconsistent and delayed service utilization. Programs which improve financial access, such as Medicaid, should be expanded to cover more low-income people for maternity-related and other services. In addition, health and health-related providers need training on entitlement eligibility for immigrants.

Education

There is a need for more targeted health education and outreach in the Caribbean-American community to increase knowledge about health and illness, in particular the importance of early, continuous, and preventive care.

Manpower

Qualified, well-trained health professionals from institutions in the Caribbean and Africa have difficulty in finding employment in their fields in New York. Current reforms in foreign medical graduate regulations exacerbate this problem, and areas with large Caribbean populations remain underserved. The State must increase its efforts to recruit and retain Black health professionals in these areas, recognizing that the staffing patterns of health facilities should be reflective of the patient populations being served.

Funding

Community health centers provide an irreplaceable service to low-income populations. For those who have no regular source of care--particularly immigrants who tend to rely on hospital outpatient departments for episodic and crisis care, and emergency rooms for primary care--the community health centers are the most cost-effective and appropriate alternative. The State of New York should increase financial support for community-based comprehensive health centers and support efforts to make preventive health services available, particularly in Black communities where low-income and undocumented immigrants face serious service access problems.

Support for the following health centers, which serve large Caribbean populations, is specifically recommended. The \$1 million in already existing, but not utilized, prenatal development funds should be allocated to health centers in immigrant-concentrated areas such as the Mid-Brooklyn Health Association Center, the Bedford-Stuyvesant Health Center, the Ralph Avenue Health Center, the Queens Health Service Association and the Ronald Frazier Health Center in the northeast Bronx.

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APPENDIX 1

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APPENDIX 2

A DOCUMENT FROM THE COMMITTEE TO AID
ETHIOPIAN REFUGEES, INC.

The Committee to Aid Ethiopian Refugees, Inc. (CAER) is a non-profit mutual assistance association, based in New York City, but also offering employment and social adjustment services in New Jersey, and providing funding for refugee self-help projects in the eastern Sudan.

Representatives of CAER network at all levels of the U.S. government--city, state, and Federal-- and with private local, national, and international agencies, to expose the problems of the Ethiopian refugees, both in the U.S. and in Africa.

Our experience has demonstrated to us that the most pressing issue facing the Ethiopian refugees, and, indeed, all refugees and other immigrants to the U.S., is lack of affordable housing, particularly in the metropolitan areas where they tend to congregate.

We conclude that the time has passed when different interest groups could successfully work independently to resolve the housing problems of their respective clients. For this reason, we are proposing the establishment of a

coalition of immigrant groups which would set up a system of real estate listings, referral mechanisms, counseling, advocacy, and emergency grants and loans for rental payments.

The Committee to Aid Ethiopian Refugees, Inc. is a non-profit, tax-exempt 501(c) (3) organization established in 1982. CAER's organizational goals are:

- o to provide a variety of cultural, educational, and socioeconomic programs and services to insure the effective resettlement of Ethiopians in the United States.
- o to promote economic self-sufficiency by offering various skills training programs and information referral services.
- o to work closely with members of the public and private sectors, locally and nationally, for the betterment of the community.
- o to provide job referrals, employment, counseling, translation, and housing placements.
- o to provide orientation and immigration counseling.

It is common knowledge that our country, Ethiopia, has become a major refugee-producing country in the world today. There are about two million Ethiopian refugees, residing largely in neighboring African countries, but also scattered around the world. The figure represents about 5 percent of the estimated Ethiopian population of 42 million--more than 50 percent of the total number of all displaced people in Africa. Some of the factors contributing to the outflow of Ethiopians are:

- o the 1974 Marxist Revolution, which ushered in a military regime, and its aftermath of repression and depreciation of basic civil rights,
- o flagrant human rights violations, which are second to none,
- o civil strife and armed conflicts, and
- o drought and famine, which by some accounts have killed more than a million Ethiopians.

Recent surveys conducted by the Committee to Aid Ethiopian Refugees, Inc. have revealed the following situation within the Ethiopian community in the New York metropolitan area.

Unemployment

Approximately 250 Ethiopian refugees are presently unemployed. They are among those newly-arrived in the United States, refugees receiving cash assistance, and secondary migrants.

Underemployment

Approximately 200 Ethiopian refugees--consisting of those who are employed and receiving supplemental cash assistance, or those working below their skill level, and those working for less than minimum wage--are underemployed.

Secondary Wage Earning

Approximately 100 Ethiopian refugees are members of families in which at least one person is employed but

the salary of a second wage earner is necessary for the family's economic self-sufficiency.

4. Increase of Refugee Arrivals:

A continued influx of Ethiopian refugees to the New York metropolitan area resulting from the present national immigration plan for Ethiopian resettlement is projected. We are unable to accurately estimate the numbers at present.

5. Public Assistance Recipients:

Approximately 150 Ethiopian refugees are public assistance recipients.

6. Lack of Established Ethnic Community:

Over 10,500 Ethiopians are presently residing in the New York metropolitan area without a most-needed community center where they could congregate to share their experiences and support each other.

Due to a drastic reduction of Federal funds, local social service agencies are unable to address the identified needs of the Ethiopian refugees.

In light of the above realities, it will be necessary to increase and expand emphasis on English-language training and job skills development, with the continued purpose of assessing industry needs and of job placement in the highest wage level.

Homelessness

Homelessness is a community problem as well as a national one. The goal is to secure renewed political commitment and effective action among State officials to help the many members of the Ethiopian refugee community to improve their own personal shelters and neighborhoods. Such commitment and action, it's expected, will make it possible to integrate all into the process of economic development.

The conditions in which people live determine their health, well-being, and ability to engage in gainful occupation, to pursue self-improvement through education and recreation, and, in consequence, to attain a better standard of living. Steps to ensure better housing for all is an important undertaking in the larger process of bettering the condition of humanity.

We are convinced that if every community group takes responsibility for trying to solve the many problems that the respective members of their community face, it will at least arrest their expansion.

At this point, we would like to advise the Governor's Office to take the initiative to sponsor a national forum on the issue of homelessness. In virtually all parts of Latin America, Asia, and Africa, urban growth through the end of the century will be equal to current rates, leading

to an increasingly visible concentration of people in these centers and a rapid growth in the number of very large cities in these regions.

Decision-makers and planners in the developing countries, according to the United Nations Center for Human Settlements, HABITAT, are faced by greater financial constraints than are their counterparts in the developed countries in dealing with the issues of settlements, economic development, and management of human resources.

Our approach to sheltering the homeless is based on two fundamental principles. The first principle is that conferences are not a point of arrival but a benchmark to assess the progress achieved in identifying workable approaches to the housing problem. Based on this experience, it would be possible to formulate and implement long-term national shelter programs which would stretch into the next century. The second principle is that the success of the program will depend largely on integrated national action.

We would like to suggest, as a beginning, that all of the different nationalities presently providing social services for immigrants, through the U.S. or NYS Office of Refugee Resettlement, be enabled to join forces to operate a system to provide housing for all their clients.

We suggest that the Governor's office designate an abandoned building in Manhattan as a central office space from which various ethnic groups can to collaborate on housing problems. The idea of having a central office for non-profit, grassroots organizations of different ethnic groups will build trust and confidence.

The Governor's task force for the homeless should see itself as a catalyst to spur understanding, involvement, and action among these servicing the homeless poor. These include the private sector, institutions of learning, citizens' groups and, most of all, the poor themselves, who every day demonstrate tremendous resilience, abilities, and inventiveness in creating and improving their own shelters.

We hope that these suggestions will lead to policy formulations and long-term programs that serve the needs of the immigrant community.

APPENDIX 3
ACTION PLANS

Immigration Service Center Components in Health Centers
That Serve Immigrants of African Descent
Abstract Proposal #1

This proposal by the Health and Social Services Committees of the Caribbean Action Lobby¹ addresses health and social services issues. The Committees proposed the establishment of Caribbean Immigrant Service Centers. After reviewing this proposal, the Subcommittee on the Immigrant Community of African Descent suggested broadening the constituency of those who would be served by these facilities and recommended that their names be changed to Immigrant Service Centers for Immigrants of African Descent.

Proposal

The Immigrant Service Centers proposed will supplement and complement services now provided by community-based health service facilities. This proposal targets the creation of five Immigrant Service Centers to serve this community in the areas specified, with funding by governmental and philanthropic agencies. It is recommended that these Immigrant Service Centers should be located in existing health care facilities.

Purposes

The purpose of the network of Immigrant Service Centers is:

1. To utilize case management techniques to track new immigrants and to ensure their utilization of available services.
2. To disseminate available vital information which may be useful to the new immigrant.

A new immigrant is defined as a minority person of Caribbean descent has immigrated into the United States and has been living here for a period of less than five years.

Objectives

The objectives of each of the proposed Immigrant Service Centers are:

1. To establish formalized linkages with existing community resources so that they can be available to the new immigrant using the Immigrant Service Centers.
2. To provide individual and/or family counseling services designed to assist the new immigrant and the family of the new immigrant with adjustment problems.
3. To provide adequate and effective referrals for the new immigrant.
4. To increase the accessibility of health care and social services to the new immigrant.
5. To assist providers in social and health services in developing a better understanding of and relationship with the new immigrant populations they serve."

The Development of the Amnesty Assistance Center Concept

Abstract Proposal #2

At a Caribbean Action Lobby Leadership Network meeting the participants expressed concern that federally operated amnesty centers could be used to deport applicants who do not meet all of the criteria or present adequate cases. At that meeting a committee consisting of lawyers and the members of this Subcommittee were charged with developing a proposal for establishing pre-screening amnesty assistance centers, where lawyers of African descent could advise potential amnesty applicants before they present themselves to Federal amnesty centers.²

The Amnesty Assistance Centers would serve to:

1. Counsel new immigrants about the amnesty provision for the adjustment of status for undocumented immigrants of the 1986 Immigration Reform legislation.
2. Help to facilitate the implementation of the Amnesty and Employers Sanctions provisions of the 1986 Immigration Reform Law.
3. Enlist the aid of community groups and volunteers in the process of informing the new immigrant about the availability of the Amnesty Regulations.
4. Refer complex cases to a panel of attorneys for follow-up action, if necessary.
5. Assist the State of New York in implementing the amnesty provision of the 1986 Immigration Law.
6. Prevent the amnesty operations from being used to deport immigrants unfairly.

Research Component

Abstract Proposal #3

The Subcommittee recommends that research concerns associated with the two previously mentioned proposals be met by the Economic Development Consortium (described in the Economic Development section of this report), which is composed of eight institutions and organizations: the Caribbean-American Chamber of Commerce, the Caribbean Trade Association, the Caribbean Research Institute of Medgar Evers College, Malcolm-King College, the University of Buffalo, the Buffalo Minority Enterprise Center, the State University of New York African American Institute, and the Bronx Community College.

These Consortium members could generate data on the impact of the amnesty legislation on the immigrant community of African descent and on the effectiveness of efforts to deal with the impacted areas.

NOTES

1. The quoted material is from "A Proposal for the Development of Caribbean Immigrant Assistance Centers in the City of New York." Presented by Dr. Marco A. Mason on behalf of the Caribbean Action Lobby to the U.S. House of Representatives, Demographic Impact of Immigration on the United States (Part II): Hearings before the Subcommittee on Census and Population of the Committee on Post Office and Civil Service, 99th Cong., 1st sess., 7 June and 19 July 1985.

2. The information paraphrased is excerpted from pages 21 to 25 of an unpublished draft proposal dated December 9, 1986, entitled "The Development of Immigrant Assistance Centers: A Demonstration Project." compiled by the Caribbean-American Legal Institute, Inc., Brooklyn, New York.

A LOOK AT THE IMPACT OF THE NEW AMNESTY LAW ON
NEW YORK STATE:

A STATEMENT BY DR. WALDABA STEWART

I have read with avid interest the report put out by the New York State Interagency Task Force on Immigration Affairs. The task force is to be commended for creating a document that gives a good background on the legislation passed on immigrant reform and insight into the legal issues that arise out of the implementation of the new amnesty laws. I agree with their statement that "at least seventy-five percent of the new immigrants are believed to live in the New York City metropolitan area, including the City, Long Island, and the suburban counties of Westchester and Rockland." I must emphasize that of the undocumented immigrants in the city, at least 60 percent of them live in Brooklyn and Queens. I also agree with the task force when it mentions that "most are young, of childbearing age, who will likely start families if they remain here." Many have economic difficulties, health and psychological problems and social orientation needs. I am comfortable with the major areas of concern developed:

- (a) Concern with the discriminatory impact of IRCA.
- (b) Concern for developing mechanisms for public dissemination of information.

According to the amnesty act, states will receive federal assistance for impacted areas. For any fiscal year, a state must use 10 percent of the total allotment to reimburse public assistance programs, 10 percent for public health, and 10 percent for education. A state may then distribute the remaining 70 percent of its allotment to each or any of the above three programs at its discretion.

The task force alludes briefly to the fact that the State should urge better enforcement of the Hill-Burton provisions to provide medical care to indigent aliens in hospitals receiving such funding, thus glossing over the serious shell game that presently exists with regard to health care financing of services to the medically indigent. I am presently preparing a paper on this issue for presentation to the Community Health Care Association of New York State.

The task force conjectures that the U.S. Congress primarily wants to know about experiences arising from sanction processes. Mention is also made of the fact that special services and programs might be supported through state, city, and other funding sources. The Department of Health will engage in information dissemination and will advise facilities as to their responsibilities. I get the distinct impression that this task force--as it expends two-hundred words out of the six-thousand word document on the need to provide for special services and, most

particularly, health and mental health services--has as its primary early focus (and rightfully so) the legalization process.

I began to be concerned about the need for concurrent planning for and assessment of the extent of the impact of the new Immigrant Amnesty Law on communities that have large concentrations of undocumented and new poor immigrants. Maybe what is needed is a similar task force to investigate and plan for the health and health-related adjustment needs that will surface as a result of the amnesty process.

For the purpose of this discussion, I define new-immigrant impacted areas as a geographic jurisdiction that has a concentration of new poor immigrants of at least ten percent.

According to the New York City Planning Commission and the Office of New York City Immigrant Affairs in a document that they put forth in 1985, the impacted communities in New York City would be the Brooklyn communities of Crown Heights, Flatbush, Ft. Greene, Bedford-Stuyvesant, Brownsville and East New York; the Queens communities of Southeast Queens, Corona and Long Island City; the Northeast Bronx community; and the Manhattan communities of Harlem and East Harlem. In addition to the sites identified within the City of New York, my own, albeit non-scientific, investigation forces me to bring to our

attention the Mt. Vernon area of Westchester; New Cassel in Nassau County; Wyndach in Suffolk County; and sections of Buffalo. My visits to these areas led me to believe that they are impacted by the presence of undocumented immigrants and poor, recent immigrants as well.

Every one of the communities I have just mentioned have been identified as having extremely negative economic, social, and health statistics. According to the New York City Planning Commission, the families of the new immigrants are larger, younger and poorer than the average family in the city of New York. According to the Health Services Agency, these families are concentrated in areas with high levels of violence, suicide and mental stress. According to figures taken from New York City Board of Education data, those areas also show the lowest levels of educational achievement.

An inspection of existing data on the impacted areas mentioned leads me to the conclusion that there is a relationship between the poor socioeconomic and health statistics and high numbers of new poor and/or undocumented immigrants.

The position paper prepared by Ruth Browne, an associate director of research for the Governor's Black Advisory Committee, for the Subcommittee on the Immigrant Community of African Descent details some of the unique

barriers that the new poor and the undocumented immigrant face in addition to the other general factors that contribute to poor health for all of the people of African descent residing in the impacted areas.

We have tried to establish the geography associated with our concern and the population at risk in those geographic areas. So, let us now look into the reasons why I feel that the implementation of the amnesty law will create additional stresses on the support systems that provide for the education, health, health-related and social service needs of the impacted communities.

In order to put my concerns in perspective, I must reflect on several developments that could have a serious effect on those communities in New York impacted by large concentrations of low-income immigrants of African descent and large concentrations of currently undocumented immigrants.

Many of the undocumented immigrants could be eligible for amnesty under the provisions of the new law and/or become eligible for continued residence in the State of New York because they form part of the migrant labor force. If a substantial part of this population becomes legalized, they could become eligible for more health and social services.

The New York City Planning Commission report that has been submitted as a resource attachment at this conference indicated that the immigrant communities in these impacted areas do not presently avail themselves of Medicaid and public assistance in the same proportion as non-immigrant communities in New York City at large.

Research is needed into the reason why this phenomenon occurs. There is some speculation that because of cultural inhibition some new poor immigrants and undocumented immigrants do not seek assistance even when eligible. Others do not avail themselves of such assistance because of communication and economic barriers. Some, especially among the undocumented, have not sought assistance because of fear of deportation and unfamiliarity with their rights. Regardless of their reason for not availing themselves of health and health-related care, this phenomenon of not availing themselves of services they are entitled to contributes to the poor health statistics of these areas as the population in question resorts to episodic care.

The fact that new poor immigrants do not apply for Medicaid places them among the ranks of the medically indigent population of the area, with all of the consequences associated with that status. Amnesty, and the perception of hope for amnesty, will have the following effect on the health and health-related care system:

- o Those poor immigrants who were afraid to come forward because of fear of deportation may begin to come forward, increasing demand for care. Many Article 28 providers in the impacted area are required to serve the medically indigent without adequate reimbursement from the state or Federal government for the cost of services rendered. Since a disproportionate number of those coming forward will be medically indigent rather than Medicaid insured, there will be additional financial pressures on the Article 28 providers in these areas. These Article 28 providers are already suffering financially because of the high percentage of medically indigent persons.
- o Those poor immigrants who do not come forward because of economic, cultural, and communication barriers will continue to contribute to the scandalous, highly negative indicator of health for those impacted areas as they fail to avail themselves of timely care.
- o Some workers who currently work in the rural areas may be tempted to come to the impacted areas based on clarified status. In fact, some of the undocumented now living in the impacted areas came through the agricultural and suburban domestic route to the impacted areas.

Another concern has to do with those undocumented immigrants who are not legalized. Many will suffer social and health trauma as more of them become jobless and as the employer sanction enforcement becomes more effective in denying them the bottom-level jobs they fill in the inner city.

I can only summarize by noting that the people in the areas impacted by the new immigrant do not have enough health care resources to produce a healthy population. The situation could get worse as those areas are further impacted by increased numbers of new poor documented

immigrants and as the mental and physical health of those remaining undocumented deteriorates.